

**L5000182300**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H15000256649 3)))



H15000256649 AGCS

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : PORGES, HAMLIN, KNOWLES AND PROUTY, PA.  
Account Number : 076077002227  
Phone : (941) 748-3770  
Fax Number : (941) 746-4160

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: jmd@phkhlaw.com

**FLORIDA LIMITED LIABILITY CO.  
GREEN MAN GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 OCT 27 AM 6:04

FILED

15 OCT 26 PM 1:40

Fax Audit No.: (((H15000256649 3)))

**ARTICLES OF ORGANIZATION**  
**OF**  
**GREEN MAN GROUP, LLC**

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 605, Florida Statutes, entitled the Florida Revised Limited Liability Company Act, as amended, does hereby adopt the following Articles of Organization for such company:

**ARTICLE I. NAME**

The name of this company shall be GREEN MAN GROUP, LLC, and shall be referred to herein as "the Company" or "this Company."

**ARTICLE II. MAILING AND STREET ADDRESS**

The mailing and street address for the Company is 903 20<sup>th</sup> Avenue West, Palmetto, Florida 34221.

**ARTICLE III. REGISTERED AGENT AND OFFICE**

The name and street address of the initial registered agent and office for this Company are as follows:

Jason M. DePaola, Esquire  
1205 Manatee Avenue West  
Bradenton, Florida 34205

**ARTICLE IV. MANAGEMENT OF COMPANY**

This Company shall be managed by one or more of its members. The Authorized Manager for this Company is Randy A. Howrigan with an address of 903 20<sup>th</sup> Avenue West, Palmetto, Florida 34221.

Prepared By:  
Jason M. DePaola, Esquire (FBN: 0180040).  
Porges, Hamlin, Knowles & Hawk, P.A.  
1205 Manatee Avenue West  
Bradenton, Florida 34205  
941.748.3770

FILED  
15 OCT 27 AM 6:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Fax Audit No.: (((H15000256649 3)))

Fax Audit No.: ((H15000256649

ARTICLE V. INDEMNIFICATION

This Company shall indemnify any officer, director, employee, or agent, and any former officer, director, employee, or agent, to the full extent permitted by law.

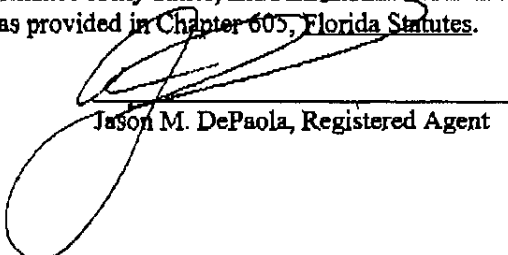
IN WITNESS WHEREOF, the undersigned, as the Authorized Representative for the Company named above, has signed these Articles of Organization on this 27<sup>th</sup> day of October, 2015.

  
JASON M. DePAOLA, Authorized Representative

In accordance with § 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, Florida Statutes.

ACCEPTANCE BY REGISTERED AGENT

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent as provided in Chapter 605, Florida Statutes.

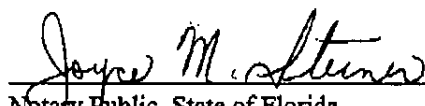
  
Jason M. DePaola, Registered Agent

STATE OF FLORIDA  
COUNTY OF MANATEE

On October 27, 2015, Jason M. DePaola, designated above as the Authorized Representative for the Company and the individual who shall serve as this Company's Registered Agent, who is personally known to me and who did not take an oath, personally appeared before me and signed these Articles of Organization.



My Commission Expires:  
(affix Notary seal)

  
Notary Public, State of Florida

JOYCE M. STERNER

Printed, Typed, or Stamped Name of Notary Public