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I7 FEB -6 AM 5: ECRETARY OF STA LLAHASSEE, FLORE

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJEC	Green Thumb Carpentry		
SUBJEA	Name of	Limited Liabili	ty Company
The encl	losed Articles of Organization and fee(s) are submitted	for filing.
Please re	eturn all correspondence concerning this	matter to the fo	ollowing:
	Jesse Remiyac / Stanley Smith		
		Name of	Person
		Firm/Co	npany
	15920 Bay Side Pointe #804		
		Addre	SS
	Fort Myers FL 33908		
	jsremiyac@gmail.com; standretty@	City/State and gmail.com	Zip Code
	E-mail address: (to be u	sed for future a	nnual report notification)
For furthe	r information concerning this matter, ple	ease call:	
	Stanley Smith	865	748-6185
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amount:		
	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certifie	O Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	v Company is:	
Green Thumb Carpen	~	
(Must end v	with the words "Limited Liability C	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal office of the	Limited Liability Company is:
<u>Principa</u>	l Office Address:	Mailing Address:
15920 Bay Side Point	e #804	15920 Bay Side Pointe #804
Fort Myers FL 33908		Fort Myers FL 33908
		<u> </u>
(The Limited Liability Company of another business entity with an ac	ctive Florida registration.)	ed Agent's Signature: Agent. You must designate an individual or
The name and the Florida street an	ddress of the registered agent are:	•
	Stanley Smith	
·	Name	
	8837 Fawn Ridge Dr	
	Florida street address (P.O. Box	NOT acceptable)

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 for in Chapter 605, F.S.

State

Fort Myers

City

Registered Agent's Signature (REQUIRED)

33912 Zip

(CONTINUED)

Page 1 of 2

17 FEB -6 AM 5: 42 SECRETARY OF STATE

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Jesse Remiyac
	15920 Bay Side Pointe #804 Fort Myers FL 33908
AMBR	Stanley Smith
	8837 Fawn Ridge Dr
	Fort Myers, FL 33912
V: Effective date, if other than the detive date is listed, the date must be filing.)	ate of filing: 01/24/2017 . (OPTIONAL) specific and cannot be more than five business days prior to or state the applicable statutory filing requirements, this date will not be seen to be applicable.
CV: Effective date, if other than the detive date is listed, the date must be filling.) he date inserted in this block does not ent's effective date on the Department.	specific and cannot be more than five business days prior to or some timest the applicable statutory filing requirements, this date will n
ctive date is listed, the date must be filing.)	specific and cannot be more than five business days prior to or some timest the applicable statutory filing requirements, this date will n
CV: Effective date, if other than the date tive date is listed, the date must be filing.) he date inserted in this block does no itent's effective date on the Department VI: Other provisions, if any. EEOUIRED SIGNATURE:	specific and cannot be more than five business days prior to or sometiments, this date will not of State's records.
EV: Effective date, if other than the date ctive date is listed, the date must be filing.) he date inserted in this block does no nent's effective date on the Department. EVI: Other provisions, if any. Signature of a to this document is executed any factorized any factorized any factorized any factorized any factorized any factorized and sware that any factorized are setting to the control of	specific and cannot be more than five business days prior to or some timest the applicable statutory filing requirements, this date will n
EV: Effective date, if other than the date ctive date is listed, the date must be filing.) he date inserted in this block does no nent's effective date on the Department. EVI: Other provisions, if any. Signature of a to this document is executed any factorized any factorized any factorized any factorized any factorized any factorized and sware that any factorized are setting to the control of	t meet the applicable statutory filing requirements, this date will not of State's records. nember or an authorized representative of a member. State in accordance with section 605.0203 (1) (b), Florida Statutes lise information submitted in a document to the Department of State.