

L17000247109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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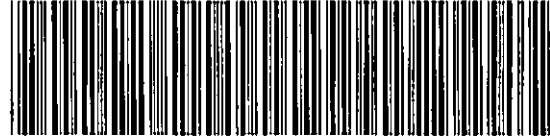
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEC 04 2017

K. Brumbley

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PREMIER GREENS LAWN AND LANDSCAPE LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter Green
Name of Person

(student)
Firm/Company

650 SW Belmont Cr
Address

Po. + Saint Lucie, FL 34953
City/State and Zip Code

ptree1597@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Green at (772) 380 8516
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 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

ARTICLE I - Name:

PREMIER GREENS LAWN AND LANDSCAPE LLC

ARTICLE II - Address:

Mailing Address:

650 SW Belmont Cr
Port St Lucie, FL 34953

650 SW Belmont Cir
Port St Lucie, FL 34953

Peter Green
Name

658 Sw Belmont Cr
Florida street address (P.O. Box **NOT** acceptable)
Port St Lucie FL 34953
City State Zip

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGR

Name and Address:

Timothy Green
650 SW Belmont Cr
Port St Lucie, FL 34953

Peter Green
650 SW Belmont Cr
Port St Lucie, FL 34953

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Peter T Green
Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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 s.817.155, F.S.

Peter T Green
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)