## L18000225388

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | ldress)            |           |
| (Ad                     | ldress)            |           |
| (Cit                    | ty/State/Zip/Phone | #)        |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Ви                     | rsiness Entity Nam | e)        |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    | ,         |
|                         |                    |           |





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09/24/18--01052--015 \*\*125.00



## COVER LETTER

|                | egistration Section<br>vision of Corporations                      |                  |   |
|----------------|--|------------------|---|
| SUBJECT        | Green Flag Investments LLC   |                  |   |
| 30031,61       | Name c   | of Limited Liab  | oility Company  |
| The enclose    | ed Articles of Organization and fee                                | (s) are submitt  | ed for filing.  |
| Please retui   | m all correspondence concerning th                                 | is matter to the | e following:  |
|                | Sharalee Hoelscher   |                  |   |
|                |  | Name             | of Person   |
|                |  | Firm/C           | Company   |
|                | 4300 Bayou Blvd Ste 22   |                  |   |
|                |  | Ad               | dress   |
|                | Pensacola, FL 32503  |                  |   |
| I              | long-tide@hotmail.com  | City/State       | and Zip Code  |
| _              | E-mail address: (to be   | used for future  | e annual report notification)   |
| For further in | nformation concerning this matter, p                               | olease call:     |   |
|                | Sharalce   | 850<br>at (      | 450-8508  |
| •              | Name of Person   | Area Code        | Daytime Telephone Number  |
| Enclosed is    | a check for the following amount:                                  |                  |   |
| \$125.00 Fi    | ling Fee S130.00 Filing Fee<br>Certificate of Statu                | ıs L—Cert        | 5.00 Filing Fee & S160.00 Filing Fee, ified Copy Certificate of Status & Certified Copy (additional copy is enclosed) |
|                | Mailing Address New Filing Section                                 |                  | Street Address New Filing Section   |
|                | Division of Corporations<br>P.O. Box 6327<br>Tallahassee, FL 32314 |                  | 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                                  | Company is:  |  |  |
|  |  |  |  |
| Green Flag Investment  |  |  |  |
| (Must end w  | ith the words "Limited   | d Liability Compan   | y, "L.L.C.," or "LLC.")                                |
| ARTICLE II - Address:  |  |  |  |
| The mailing address and street add                                 | fress of the principal o   | office of the Limited  | d Liability Company is:                                |
| <u>Principal</u>   | Office Address:  |  | Mailing Address:                                       |
| 4300 Bayou Blyd Ste I  | 22   | 430  | 0 Bayou Blvd Ste 22                                    |
| Pensacola, FL 32503  |  | Per  | isacola, FL 32503                                      |
| -  | <del></del>  | <del></del> -  |  |
|  |  |  |  |
| another business entity with an ac                                 | annot serve as its owr<br>tive Florida registration  | n Registered Agent.<br>on.)                                  | nt's Signature:<br>You must designate an individual or |
| (The Limited Liability Company c                                   | annot serve as its owr<br>tive Florida registration  | n Registered Agent.<br>on.)                                  |  |
| (The Limited Liability Company canother business entity with an ac | annot serve as its owr<br>tive Florida registration  | n Registered Agent.<br>on.)                                  |  |
| (The Limited Liability Company canother business entity with an ac | rannot serve as its own tive Florida registration and the registered dress of the registered dress dre | n Registered Agent.<br>on.)                                  |  |
| (The Limited Liability Company canother business entity with an ac | rannot serve as its own tive Florida registration and the registered dress of the registered dress dre | n Registered Agent.<br>on.)<br>d agent are:                  |  |
| (The Limited Liability Company canother business entity with an ac | annot serve as its own tive Florida registration dress of the registered Sharalee Hoelscher  | n Registered Agent.<br>on.)<br>d agent are:<br>Name          | You must designate an individual or                    |
| (The Limited Liability Company canother business entity with an ac | annot serve as its own tive Florida registration dress of the registered Sharalee Hoelscher 2023 Coral Reef Rd   | n Registered Agent.<br>on.)<br>d agent are:<br>Name          | You must designate an individual or                    |
| (The Limited Liability Company canother business entity with an ac | annot serve as its own tive Florida registration diress of the registered Sharalee Hoelscher 2023 Coral Reef Rd Florida street address   | n Registered Agent. on.) d agent are: Name ss (P.O. Box NOT) | You must designate an individual or                    |

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.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page Lof 2



| Title:   | Name and Address:   |
|--|---|
| "AMBR" = Authorized Member   |   |
| "MGR" = Manager<br>AMBR  | Sharalee Hoelscher  |
|  | 2023 Coral Reef Rd.   |
|  | Pensacola, FL 32506   |
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| ective date is listed, the date must be specific an  | : (OPTIONAL)<br>d cannot be more than five business days prior to or 90 d   |
| E.V: Effective date, it other than the date of filing ective date is listed, the date must be specific an of filing.) the date inserted in this block does not meet the nent's effective date on the Department of State.  | d cannot be more than five business days prior to or 90 d<br>applicable statutory filing requirements, this date will not b   |
| E V: Effective date, if other than the date of filing ective date is listed, the date must be specific an of filing.) the date inserted in this block does not meet the  | d cannot be more than five business days prior to or 90 d<br>applicable statutory filing requirements, this date will not b   |
| E.V: Effective date, it other than the date of filing ective date is listed, the date must be specific an of filing.) the date inserted in this block does not meet the nent's effective date on the Department of State.  | d cannot be more than five business days prior to or 90 d<br>applicable statutory filing requirements, this date will not b   |
| E.V: Effective date, it other than the date of filing ective date is listed, the date must be specific an of filing.) the date inserted in this block does not meet the nent's effective date on the Department of State.  | d cannot be more than five business days prior to or 90 d<br>applicable statutory filing requirements, this date will not b   |
| E V: Effective date, if other than the date of filing ective date is listed, the date must be specific an of filing.) the date inserted in this block does not meet the ment's effective date on the Department of State.  E VI: Other provisions, if any.  Signature of a member of This document is executed in aclum aware that any false information.  | d cannot be more than five business days prior to or 90 d<br>applicable statutory filing requirements, this date will not b   |
| EV: Effective date, if other than the date of filing entire date is listed, the date must be specific and filing.) the date inserted in this block does not meet the ment's effective date on the Department of State.  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of This document is executed in ac I am aware that any false informationstitutes a third degree felony.  Sharalee Hoelscher | applicable statutory filing requirements, this date will not be records.  r an authorized representative of a member. cordance with section 605.0203 (1) (b). Florida Statutes, attion submitted in a document to the Department of State |

Page 2 of 2

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)