

L20000120407

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(Business Entity Name)

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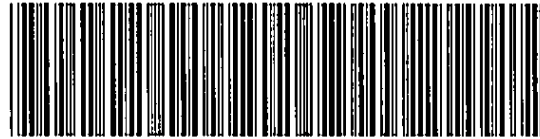
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2020 APR 6 AM 10:56
FILED
TALLAHASSEE, FL 32301

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 2TREE HUGGERS, 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:

JODI HARRISON

Name of Person

Firm/Company

2520 NE 10TH CT.

Address

POMPANO BEACH, FL 33062

City/State and Zip Code

AMH1140@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JODI HARRISON

954

274-1669

at ()

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Brumbley, Kyle D.

From: AnnMarie Leon <amh1140@yahoo.com>
Sent: Wednesday, May 6, 2020 12:02 PM
To: Brumbley, Kyle D.
Subject: 2Tree Huggers , LLC
Attachments: Dissolution of 2Tree Huggers Inc 5 6.pdf

EMAIL RECEIVED FROM EXTERNAL SOURCE

The attachments/links in this message have been scanned by Proofpoint.

Kyle,

This email is to serve as my letter of Disolution for 2Tree Huggers Inc . I Jodi H Harrison state that I have no intention to re-open

Tree Huggers Inc and that I release the name for new filing .

Thank you,

Jodi H Harrison

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2TREE HUGGERS, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2520 NE 10TH COURT
POMPANO BCH, FL 33062

Mailing Address:

2520 NE 10TH COURT
POMPANO BCH, FL 33062

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

JODI HARRISON

Name

2520 NE 10TH COURT

Florida street address (P.O. Box **NOT** acceptable)


POMPANO BCH

FL 33062

City

Zip

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)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

JODI HARRISON

2520 NE 10 COURT

POMPANO BCH , FL 33062

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:



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.

JODI HARRISON 'MGR'

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)