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	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of S	Status		
Special Instructions to Filing Officer:				

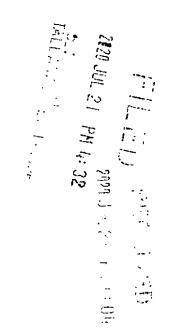
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COVER LETTER
TO: New Filing Section Division of Corporations
SUBJECT: Green Side Peal estate Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Wilhert Starley Name of Person
LLL
Firm/Company
500) Lake front de
Tallahossee (1 32303) City/State and Zip Code
E-mail address: (to be used for future annual report notification)
for further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	ne:			••	
The name of the Lin	nited Liability Company is:				. ^
	\bigcirc	21	0 0 1	Estate	1/(')
	(g/een	Dyde	- Val	CS+ale	
\	(Must contain the words "Lir	nited 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:	Mailing Address:
Sool Lake Front of Mb	6 / 6, Box 5841
Tallahe Gel C1 32303	Januahaster F1 3 2314

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:

Name

Say Lake Front of My

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

Tallahase A 3202

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 | Signature (REQUIRED

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR _	Wilbert Starley
 -	Po. Box 584114-
	Tallahageer (1 32)
- -	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of filir	ng:
the date of filing.)	
the document's effective date on the Department of Stat	e applicable statutory filing requirements, this date will not be listed as ae's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	6 A
This document is executed in	or an actionized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes.
	mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.
Will	eld Stale
Тур	sed 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)

8 5.00 Certificate of Status (Optional)