L21000296516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only

000368617300

06/22/21--01007--022 **125.00

2021 JUN 22 PM 2:35

2021 JUN 25 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W 21-5189

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2021

CAPITAL CONNECTION

SUBJECT: GREEN RUBY, LLC
Ref. Number: W21000091099

FILED
2021 JUN 25 AM 9:51

We have received your document for GREEN RUBY, LLC and your check(s) totaling $125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong form. If this is an LLC you will need to submit articles of organization.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 621A00014237

2021 JUN 25 PM 3:23

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GREEN RUBY, LLC

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2021 JUN 25 AM 9:51

Signature

Requested by:

Name Date Time

Walk-In _____ Will Pick Up _____

- ____ Art of Inc. File_____
- ____ LTD Partnership File_____
- ____ Foreign Corp. File_____
- ____ L.C. File_____
- ____ Fictitious Name File_____
- ____ Trade/Service Mark_____
- ____ Merger File_____
- ____ Art. of Amend. File_____
- ____ RA Resignation_____
- ____ Dissolution / Withdrawal_____
- ____ Annual Report / Reinstatement_____
- ____ Cert. Copy_____
- ____ Photo Copy_____
- ____ Certificate of Good Standing_____
- ____ Certificate of Status_____
- ____ Certificate of Fictitious Name_____
- ____ Corp Record Search_____
- ____ Officer Search_____
- ____ Fictitious Search_____
- ____ Fictitious Owner Search_____
- ____ Vehicle Search_____
- ____ Driving Record_____
- ____ UCC 1 or 3 File_____
- ____ UCC 11 Search_____
- ____ UCC 11 Retrieval_____
- ____ Courier_____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Green Ruby, LLC
Name of Limited Liability Company

The enclosed Articles of Organization are being submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan Steszewski, Esq.
Name

Steszewski Medina, P.A.
Firm/Company

15100 NW 67th Ave., suite 200
Address

Miami Lakes, FL 33014
City/State/Zip Code

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

For further information concerning this matter, please call:

Jonathan Steszewski 305 631-2438
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 ☐ $130.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

FILED
2021 JUN 25 AM 9:51

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 Company is:

Green Ruby, 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:	Mailing Address:
15100 NW 67th Ave, Suite 200 Miami Lakes, FL 33014	

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:

Jonathan Jeszenski
Name

15100 NW 67th Ave, Suite 200
Florida street address (P.O. Box NOT acceptable)

Miami Lakes, FL 33014
City State 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 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:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager MGR	Jonathan Stelzer 1503 NW 40th Ave. Suite 203 Miami Lakes, FL 33014

(Use attachment if necessary)

2021 JUN 25 AM 9:51

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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:

Signature of a member or 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.

Jonathan Stelzer
Typed or printed name of signee

Fee due:
$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)