

L2H 000 296516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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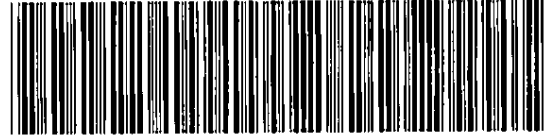
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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

2021 JUN 22 PM 2:35

2021 JUN 25 AM 9:51

CLERK OF STATE
FLORIDA

W2



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2021

CAPITAL CONNECTION

SUBJECT: GREEN RUBY, LLC
Ref. Number: W21000091099

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2021 JUN 25 AM 9:51
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

RECEIVED
2021 JUN 25 PM 3:25
WILLIAMSON, TAMMI

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

Signature _____

Requested by: _____

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

____ 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 _____
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____ 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 and Fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan Steszewski, Esq.
Name of Person
Steszewski Medina, P.A.
Name of Firm
15100 NW 67th Ave., Suite 200
Address
Miami Lakes, FL 33014
City, State, and Zip Code
jonathan@steszewski-medina.com
E-mail address (to be used for e-mail 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 ☐ \$135.00 Filing Fee & Certificate of Status (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 32303

Street Address

New Filing Section
Division of Corporations
Government Building
100 Executive Center Circle
Tallahassee, FL 32301

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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, or 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 "C" franchise.)

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

Jonathan J. Jęszewski

Name

15100 NW 67th Ave, Suite 200

Florida street address (or P.O. Box #000 acceptable)

Miami Lakes, FL 33014

City

State

Zip

Having been named as registered agent and to accept service of process on the above stated limited liability company at the place designated in this certificate, I hereby accept 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 office 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.

[Signature]
Registered Agent (Signature REQUIRED)

RETURN FILED

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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:

Jonathan Staszewski
15155 NW 47th Ave. Suite 200
Miami Lakes, FL 33014

(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 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 created in accordance with Section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information provided in a document to the Department of State
constitutes a third degree felony as provided for in s. 817.155, F.S.

Jonathan Staszewski
Typed or printed name of signee

Executive

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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