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(Req	uestor's Name)	
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(City	/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 6, 2021

OTIS L. ROLLINS 4128 ALBERCA WY S ST PETERSBURG, FL 33712

SUBJECT: GREEN LOTS LLC Ref. Number: W21000096062



We have received | our document for GREEN LOTS 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 must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Steve J Kurisko Regulatory Specialist II

Letter Number: 021A00015334

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Green Lots 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:
Otis L. Rollins Name of Person
Name of Person
Green Lots Firm/Company
Green Lots Firm/Company
4128 AL berca Way . So.
Address
St. Petersburg FLorida 33712 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
1) fis Pollius at (-727) 260-2913 Name of Person Area Code Daytime Telephone Number
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 Street Address New Filing Section Division
Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•	_
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Green Lots LLC	126
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	3000 3
ARTICLE II - Address:	10.
The mailing address and street address of the principal office of the Limited Liability Company is:	7
Principal Office Address: Mailing Address:	
4128 Alberca Way So 4128 Alberca St. Petersburg Florda St. Petersburg	July 30
33712 33712	
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 indivianother business entity with an active Florida registration.)	dual or
The name and the Florida street address of the registered agent are: $ \frac{OH_{15}(R_{2}/I)NS - 50R_{2}I^{2}}{Name} $	Napetter
HI28 ALBEICA WAY So Florida street address (P.O. Box NOT acceptable)	
St. Pete FL 33712 City State Zip	
City State Zip	
laving been named as registered agent and to accept service of process for the above stated limited liability	company at the

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)

ARTICLE V: Effective date, if other than the date of filing.

ARTICLE V: Effective date, if other than the date of filing.

Option

Of the date of filing.)

Name and control the Limited Liability Company:

Name and Address:

Option

O

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.

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)