## L22000029580

(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



500375388605

01/27/22--01004--008 \*\*130.00

2022 JAN 27 PM 12: 24

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2022 JAN 27 PM 12: 38

## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: The Greenery Floral & TUXedo Place Tallaha &	see 40
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Rontetias T. Green Name of Person	-
The Greeney Floraly Tuxedo Picee Tallahas	see LLC
19 W. Jc fferson St Address	-
City/State and Zip Code  The greenery guinty @ gmail. (ang E-mail address into be used for future annual report notification)	-
For further information concerning this matter, please call:	
Ron ( 850 ) 322-2349 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□S125.00 Filing Fee	<u>:</u>
Mailing Address Street Address	

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## me.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

łΤ	ĸ	Ì.	E.	1		N	a	m	e	:
	₹T	₹TIC	₹TICL	₹TICLE	RTICLE 1	₹TICLE 1 -	RTICLE 1 - N	₹TICLE 1 - Na	₹TICLE 1 - Name	RTICLE 1 - Name

The name of the Limited Liability Company is:

The Grenery Floral and Toxed Place Tallahassecle (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:
(208-2 Railrow) Sq	19 W Je flesson St
Tallahassee R 132310	DUNG FL 3235/
74(1) 1/14(0) 1/4-1-0-0-1	90.11

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:

Mankrus T. Oleen

19 W Jefferson of Florida street address (P.O. Box **SOT** acceptable)

July PZ 32351

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)

2022 JAN 27 PH 12: 3

	D'	ľ	$^{c}$	1 6	IV-
- / 1	1		١.	1 . F.	

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

Title:	Name and Address:	
"AMBR" = Authorize "MGR" = Manager	d Member	
M6R	Rontennis 64041	
11101-	- 19 W J C Flevius St	
	QUAY   FL 32351	
AA / 1/2		
M6R	- Ry Shavia WM, PHI eco	
	DUNCY FL 32351	
AMBR	40 17 /	2002
HMBR	_ Terri Keys	2
	(Market)	JAN 27 PM 12: 39
	<del>401114</del>	(27 PMI
	HASSITE, FL	22
		유 꽃
	<u></u>	s S
	<u>न</u>	7AT
(Use attachment if nec	essary)	m w
ARTICLE V: Effective date, if	other than the date of filing: 1-27-22 (OPTIONAL)	
If an effective date is listed, th	te date must be specific and cannot be more than five business days prior to or 90 day	vs after
he date of filing.)		
<b>Note:</b> If the date inserted in thi	is block does not meet the applicable statutory filing requirements, this date will not be on the Department of State's records.	listed as
ARTICLE VI: Other provisions	, if any.	
		—
REQUIRED SIGNAT	TUDE!	
REQUIRED SIGNA	TORE!	
	Len	
This is	Signature of a member or an authorized representative of a member.	
I am a	locument is executed in accordance with section 605.0203 (1) (b), Florida Statutes, ware that any false information submitted in a document to the Department of State	
constit	tutes a third degree felony as provided for in s.817.155, F.S.	
	Ronterious T. Ekcen	
	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)