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COVER LETTER

TO: New Filing Section Division of Corporations

GREEN STORAGE LLC

SUBJECT:

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:

GIOVANNI VASQUEZ

Name of Person

GREEN STORAGE LLC

Firm/Company

539 TALAVERA RD

Address

WESTON, FL 33326

City/State and Zip Code

h.g.developgroup@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GIOVANNI VASQUEZ	714 at (733-9275
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

 Image: Status
 Image: Status<

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

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(additional copy is enclosed)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GREEN STORAGE 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:

539 TALAVERA RD	539 TALAVERA RD
WESTON, FL 33326	WESTON, FL 33326

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:

LAMADRID FINAL	CLAL SERVICES	CORP
	Name	
1265 S PINE ISLAN	DRD	
Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)
PLANTATION	<u> </u>	33324
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's Signature (REQUIRED)

(CONTINUED)





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ARTICLE IV-

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

AMBR	HGO DEVELOPMENT GROUP LLC 539 TALAVERA RD WESTON, FL 33326
AMBR	GEVAK CONSTRUCTION LLC 6076 MAGGIES CIRCLE UNIT 110 JACKSONVILLE, FL 32244

(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.

<u>Cliovanni Vospuez</u>	
Signature of a member or an authorized representativ This document is executed in accordance with section 605.020 I am aware that any false information submitted in a document t constitutes a third degree felony as provided for in s.817.155, F.	3 (1) (b), Florida Statutes.
<u>GIOVANNI VASOUEZ</u>	
Typed or printed name of signce <u>Filing Fres:</u> \$125.00 Filing Fee for Articles of Organization and Designation of Registe \$ 30.00 Certified Copy (Optional)	ABLE AND FRANCH CLAHASSE ared Agent
 5.00 Certificate of Status (Optional) 	AH 8: NGR VIDE RPORAT E. FLOR