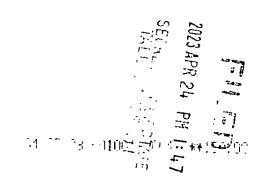
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(Requestor's Name)				
(Addre	ess)			
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(City/S	State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
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Certified Copies Certificates of Status				
Special Instructions to Fil	ing Officer:			

Office Use Only



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COVER LETTER

	v Filing Sectionsission of Corp				
SUBJECT:		Greene Name of Lim	Organics ited Liability Company	UC	
The enclosed	Articles of O	rganization and fee(s) are	submitted for filing.		
Please return	all correspon	dence concerning this mat	ter to the following:		
_		Erick	Gy-eene Name of Person		
_		Gue	ene Dygani Firm/Company	CS LLC	
_		1180le	Bruce B Do	wn Alvel =	1086
_	E-:	greenel	FL 33Len ty/State and Zip Code Or Clanics UCO O for future annual report notificati	mail-com	
For further info	ormation conc	erning this matter, please	call:		
<u>-</u> T	EVICK Name	at (at (at (at (at (at (at (at (at (at (_at (23 347 - D1 Daytime Telephone	Number	
Enclosed is a	check for the	following amount:			
□\$125.00 F	iling Fee	□\$130,00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Q8160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	<u>Mailing</u> New Fili	Address ng Section	Street Address New Filing Section Di	vision	

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
(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:
#1086 Tampa Fi Tampa F1331082
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: Evick Green Name 1800 Box Florida Street Agent. You must designate an individual or another business entity with an active Florida registration.)
Having been named as registered agent and to accept service of process for the above stated limited liability company at the olace 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)

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Erick Greens HOUSTONIA	Ve _ 23 lef 2
mgr_	Tiara Williams	2023 APR 2023 APR
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the c If an effective date is listed, the date must be he date of filing.)	date of filing:	prior to or 90 days after
ARTICLE VI: Other provisions, if any.		
This document is ex I am aware that any f	member or an authorized representative of a member of	rida Statutes.
	gree felony as provided for in s.817.155, F.S. Y \ C \ C \ C \ L \ C \ Typed or printed name of signee	_

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

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)