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DIVISION OF CORPORATIONS

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# COVER LETTER

**New Filing Section** 

P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations
SUBJECT: Greenlight Home Repair Services ill 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:
Manelito Deshannon Greene Name of Person
Firm/Company
253 Sims Road Address
Ovincy Florida 3235 2  City/State and Zip Code  MANEL toggeenc @ gmail  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Manilita Gierre at (561- ) 519 - 9452  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\Begin{array}{ c c c c c c c c c c c c c c c c c c c
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of Tallahassee

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Green light Home Repair Service 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:
253 Sims Rd	253 Sims Rd
Durwey FL 32352	Ovincy FL 32352

### 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:

Name

Name

253 Sims Rd

Florida street address (P.O. Box NOT acceptable)

Quincy FL 32352

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager  M G &	Manchito D. Greene 253 Sins Road  Overey FL 32352
	Quincy, FC 32352
- <del></del>	
f an effective date is listed, the date must be sp se date of filing.)	e of filing:
RTICLE VI: Other provisions, if any.	. of state 3 records.
REQUIRED SIGNATURE:	
MANE (+0 Signature of a m This document is exect	ember or an authorized representative of a member. ated in accordance with section 605.0203 (1) (b), Florida Statutes.

Typed or printed name of signee

I am aware that any false information submitted in a document to the Department of State

## Filing Fees:

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

constitutes a third degree felony as provided for in s.817.155, F.S.

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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