# L24000059772

| (Re                     | equestor's Name)   |                 |
|-------------------------|--------------------|-----------------|
| (Ad                     | dress)             |                 |
| (Ad                     | dress)             | <del></del>     |
| (Cit                    | ry/State/Zip/Phone | <del>=</del> #) |
| PICK-UP                 | ☐ WAIT             | MAIL            |
| (Bu                     | siness Entity Nan  | ne)             |
| (Do                     | cument Number)     |                 |
| Certified Copies        | _ Certificates     | of Status       |
| Special Instructions to | Filing Officer:    |                 |
|                         |                    |                 |
|                         |                    |                 |
|                         |                    |                 |
|                         |                    |                 |

Office Use Only



400421093514

01/04/24--01021--018 \*\*130.00

)D2

ر *،* 

# COVER LETTER

| TO: New Filing Section Division of Corporations           |  |
|---|--|
| SUBJECT: Viridian City Name of Limite                     | Investments LLC d Liability Company  |
| The enclosed Articles of Organization and fee(s) are su   | ibmitted for filing.   |
| Please return all correspondence concerning this matter   | r to the following:  |
| Robert Collie   | <u> </u>   |
| ı   | Name of Person   |
| Viridian City   | Investments LLC  |
|   | Firm/Company   |
| 1111 Brambling. (   | Address  |
| Bradenton FL 31   | 1212 State and Zip Code 1200grail. Com   |
| City  | State and Zip Code   |
| robert. Collier   | 1200gmail. Com   |
| E-mail address: (to be used for                           | future annual report notification)   |
| For further information concerning this matter, please ca | il:  |
| Robert Collier at (9) Name of Person Area                 | Code Davime Telephone Number   |
|   |  |
| Enclosed is a check for the following amount:             |  |
| □\$125.00 Filing Fee & Certificate of Status              | □S155.00 Filing Fee & □S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address   | Street Address   |
| New Filing Section  | New Filing Section Division The Centre of Tallahassee  |
| Division of Corporations<br>P.O. Box 6327                 | 2415 N. Monroe Street, Suite 810   |

Tallahassee, FL 32303

Tallahassee, FL 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: |  | •   |  |
|---|--|-----|--|
| •   |  |     |  |
| ,   |  | 1 . |  |

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

### **ARTICLE II - Address:**

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address:       |
|---------------------------|------------------------|
| 8544 Conjon Creek Trail   | 8544 Comon Creck Train |
| Perrish FL 34219          | Perrish FLY 34219      |

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:

| Robert                 | Col lies    |                                       |              |
|------------------------|-------------|---------------------------------------|--------------|
|                        | Name        |                                       |              |
| IIII Bran              | bling       | Ct.                                   |              |
| Florida street address | (P.O. Box N | OT acceptable)                        | <del>-</del> |
| Bradenton              | · .FL       | · · · · · · · · · · · · · · · · · · · | 14212        |
| City                   | State       | Z                                     | ip           |

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 IV-

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

| Title: "AMBR" = Authorized Member  | Name and Address:  |
|--|--|
| "MGR" = Manager  | Robert Collier<br>8544 Censer Creck Trail<br>Parrich FL 34219  |
|  |  |
|  |  |
|  |  |
| (Use attachment if necessary)  |  |
| ARTICLE V: Effective date, if other than the date of the feetive date is listed, the date must be specified the date of filing.) | of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as of State's records. |
| ARTICLE VI: Other provisions, if any.  |  |
|  |  |
| REQUIRED SIGNATURE:  | CM.  |

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.

Robert Collier
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)