1240001/2986

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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COVER LETTER

A Company of the Comp

	ng Section of Corporations		
SUBJECT:	Greene Leg	gacy Entertainment LLC	
	Name of Lin	nited Liability Company	
The enclosed Artic	eles of Organization and fee(s) are	e submitted for filling.	
Please return all co	orrespondence concerning this ma	tter to the following:	
	E	3'iousha Greene	
		Name of Person	
		Firm/Company	
		P.O. Box 4224	
		Address	
		Гатра, FL 33677	
		ity/State and Zip Code	
		ıshag@gmail.com	
For further informat	ion concerning this matter, please	for future annual report notificati call:	on)
B	iousha Greene at (813 459-0900	
	Name of Person Ai	rea Code Daytime Telephon	e Number
Enclosed is a chec	k for the following amount:		
□\$125.00 Filing	Fee	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	
	New Filing Section Division of Corporations	New Filing Section Di The Centre of Tallaha	
	P.O. Box 6327	2415 N. Monroe Stree	
-	Tallahassee, FL 32314	Tallahassee, FL 3230.	3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ΛК	11	CI	ょじ	l -	3	ame:

The name of the Limited Liability Company is:

Greene Legacy Entertainment 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:	<u>Mailing Address</u> :
3015 W Wilder Avenue	P.O. Box 4224
Tampa, FL 33614	Tampa, FL 33677
•	

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:

B'iou:	sha Greene			
	Name			
3015 W Wilder Avenue				
Florida street address (P.O. Box NOT acceptable)				
Tampa	Florida	33614		
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)

ARTICLE IV-

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

Title:		Name and Address:	
	uthorized Member		
"MGR" = Ma	nager		
AMBI	9	B'iousha Greene	
		3015 W Wilder Avenue	_
		Tampa, FL 33614	
			
	_		
			
		-	
(Use attachme	ent if necessary)		
	ted in this block does not more date on the Department of	neet the applicable statutory filing requirements, this dat of State's records.	e will not be listed as
	<u> </u>		
REQUIRED	SIGNATURE:	308	
	This document is execute I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b). Floridatinformation submitted in a document to the Department	
	constitutes a third degree	felony as provided for in s.817.155, F.S.	
		B'iousha Greene	
		Typed or printed name of signee	
		Filing Fees:	2024
		ganization and Designation of Registered Agent	22
	rtified Copy (Optional)		
\$ 5.00 Cer	tificate of Status (Option	al)	
			-

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