

L2400W390925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

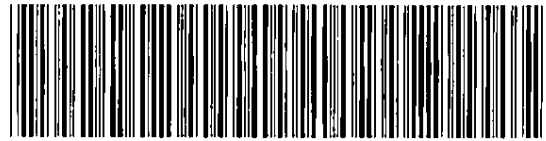
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100435861621

09/03/24--01021--016 \*\*160.00

2024 SEP -3 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Onsite Green Solutions LLC  
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:

Kenneth K. Mender Canal  
Name of Person

Onsite Green Solutions LLC  
Firm/Company

2993 Graywolds St.  
Address

Bellona, FL 32738  
City/State and Zip Code

Menderup247@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth Mender Canal at 407 634-9443  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$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**

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

2024 SEP -3 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OpSite Green Solutions 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:

Mendezup Family  
2993 Graynolds St  
Deltona FL 32738

Mailing Address:

2993 Graynolds St.  
Deltona FL  
32738

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:

Kenneth K. Mendez Cacer

Name

2993 Graynolds St

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

Deltona FL 32738

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.

Kenneth K. Mendez Cacer

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 SEP -3 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

Name and Address:

Kenneth K Mendez Canal  
2993 Graywolds St  
Deltona, FL 32733

Maritza J Mendez  
2793 Graywolds St  
Deltona, FL 32733

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08/27/2021 (OPTIONAL)

(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.

REQUIRED SIGNATURE:

Kenneth K Mendez Canal

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.

Kenneth K Mendez Canal  
Typed or printed name of signer

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)

FILED  
2024 SEP -3 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FL