

Division of Corporations

Florida Department of State
L24000484449

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : AGENTS AND CORPORATIONS, INC
Account Number : 120010000112
Phone : (302)575-0875
Fax Number : (302)575-1642

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

Green Machines LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

2024 NOV 18 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FL

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2024 NOV 18 PM 12:23

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T.J.H
11/19/24

DocuSign Envelope ID: C117FE45-5E67-4524-A4F0-FC6ED095CE27

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GREEN MACHINES LLC

(Must end with 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:

60 Palm Square
Delray Beach
FL 33483

60 Palm Square
Delray Beach FL 33483

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:

AGENTS AND CORPORATIONS, INC.

Name

91 NINTH STREET SOUTH SUITE 330

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

NAPLES

FL

34102

City

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.

Agents and Corporations, Inc.

By:

John L. Williams
Registered Agent's Signature (Required)

John L. Williams, President

(CONTINUED)

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ARTICLE IV-

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

Title: Manager
"AMBR" = Authorized Member
"MGR" = Manager

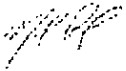
Name and Address: Michael Ford
MGR 60 Palm Square
Delray Beach FL 33483

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: November 16, 2024 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

DocuSigned by:

C8FEAF6504814FA...

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Michael Ford

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)

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