

M21000014641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

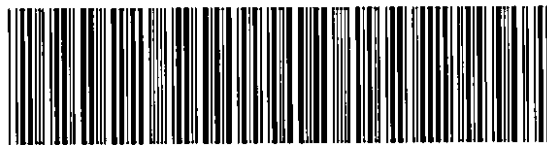
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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11/03/21--01018--017 **155.00

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2021 NOV -3 PM 2:33
K. SALY

K. SALY

NOV - 4 2021



Filing Cover Sheet

To: Florida Division of Corporations

From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 11/2/2021

Trans#: 1244748

Entity Name: GREEN-NATIONAL-DEVELOPMENT, LLC }

Articles of Incorporation ()

Articles of Amendment ()

Articles of Dissolution ()

Annual Report ()

Conversion ()

Fictitious Name ()

Foreign Qualification (XXX) }

Limited Liability ()

Limited Partnership ()

Merger ()

Reinstatement ()

Withdrawal / Cancellation ()

Other ()

STATE FEES PREPAID WITH CHECK #2434 FOR \$155.00 }

PLEASE RETURN:

Certified Copy (XXX) } Plain Stamped Copy ()

Good Standing () Certificate of Fact ()

Leslie Sellers

From: Brumbley, Kyle D. <Kyle.Brumbley@DOS.MyFlorida.com>
Sent: Tuesday, November 02, 2021 2:00 PM
To: Leslie Sellers
Subject: RE: GREEN NATIONAL DEVELOPMENT, LLC (H21000402217) - submitted 10/29

Ok, its been very crazy the past few days and I'm trying to get all kinds of things fixed lol. but I see where it was filed under the wrong number I will have to delete that filing so I can abandon your fax sheet and you can bring it over across the counter.

Kyle Brumbley

Supervisor
Registrations Section
Division of Corporations
Florida Department of State
850-245-6908

From: Leslie Sellers <lsellers@capitol-services.com>
Sent: Tuesday, November 2, 2021 1:22 PM
To: Brumbley, Kyle D. <Kyle.Brumbley@DOS.MyFlorida.com>
Subject: GREEN NATIONAL DEVELOPMENT, LLC (H21000402217) - submitted 10/29
Importance: High

EMAIL RECEIVED FROM EXTERNAL SOURCE

The attachments/links in this message have been scanned by Proofpoint.

Hey Kyle,

I'm aware that there are issues with fax filings but I was about to have this one abandoned so I could walk it over this afternoon with a check and was advised by Stacy that it's been filed. Under some other name.

Can you please check on this one for me?

Thank you,



Leslie Sellers

515 E. Park Ave., Floor 2
Tallahassee, FL 32301
855.498.5500
capitol-services.com

Please give original submission date of 10/29/2021

Leslie Sellers

From: faxfinder@capitol-services.com
Sent: Friday, October 29, 2021 9:50 AM
To: Leslie Sellers
Subject: FaxFinder Fax Notification: Successfully sent fax to 850-617-6383
Attachments: fax_outbound_850-617-6383_20211029_085008_0000528C-0000.pdf

Create Time: 10/29/2021 08:46:42 AM
Schedule Time: 10/29/2021 08:50:08 AM
State: sent
Schedule Message: Successfully sent fax
Hangup code: 0
Try #: 1
Username: admin
Sender name: Leslie Sellers
Sender email: lsellers@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org:
Capitol Services, Inc.
Subject: H21000402217
Max tries: 5
Try interval: 600
Priority: 3
Pages: 7
Recipient fax: 850-617-6383
Recipient phone:
Recipient name:
Recipient org: FL SOS
Use cover page: true
Receipt: always
Print receipt: never
Print receipt printer:
Print receipt first page: false
Fax Page Size: auto

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Green National Development, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person

Capitol Services - Corporate Filings Team

Firm/Company

515 East Park Avenue 2nd Fl

Address

Tallahassee, FL 32301

City/State and Zip Code

troy.green@greennational.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____, at (855) 498 - 5500
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Green National Development, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New York

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 1190 Greenfield Lane

(Street Address of Principal Office)

6. PO Box 1048

(Mailing Address)

Skaneateles, New York 13152

Skaneateles, New York 13152

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Capitol Corporate Services, Inc.

Office Address:

515 East Park Avenue 2nd Fl

Tallahassee

(City)

, Florida 32301

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Taylor Scay

(Registered agent's signature)

Taylor Scay, Asst. Secretary on behalf
of Capitol Corporate Services, Inc.

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2021 OCT 29 PM 1:12
TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Troy Green</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>PO Box 1048</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Skaneateles, New York 13152</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.



Signature of an authorized person

Brenda LaLoggia, Authorized Person

Typed or printed name of signer

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: GREEN NATIONAL DEVELOPMENT, LLC
DOS ID Number: 5664126
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 12/02/2019
Statement Status: CURRENT
Statement Due Date: 12/31/2021

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2021 OCT 29 PM 1:12
CLERK OF THE STATE DEPT

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION
Date of Filing: 12/02/2019
Entity Name: GREEN NATIONAL DEVELOPMENT, LLC

Document Type: CERTIFICATE OF AMENDMENT
Date of Filing: 12/11/2020

Document Type: CERTIFICATE OF PUBLICATION
Date of Filing: 02/19/2021

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2021 OCT 29 PM 1:12
NEW YORK STATE

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department
of State, at the City of Albany, on October 28, 2021 at
04:12 P.M.

ROSSANA ROSADO, Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State