

PK00009410Z

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(Business Entity Name)

(Document Number)

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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: _____

Greenhouse Financial

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: _____

Eldred Lewis

Name (Printed or typed)

2153 SE Hawthorne Rd STE 207

Address

Gainesville, FL 32614

City, State & Zip

352-256-6739

Daytime Telephone number

Greenhouse Financial & Information

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

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Greenhouse Financial Inc

ARTICLE II PRINCIPAL OFFICE

2083 Principal street address
2153 SE Hawthorne Rd Ste 207
Gainesville, Florida 32641

Mailing address, if different is:
P.O. Box 140324
Gainesville, FL 32614

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eldred Lewis owner
Address: 2153 SE Hawthorne Rd Ste 207
Gainesville, FL 32641

Name and Title: Jacary Lewis co-owner
Address: 6038 SW 86th Dr
Gainesville, FL 32608

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK
STATE OF FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name:

Eldred Lewis

Address:

2033 SE Hawthorne Rd #207
Gainesville, FL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name:

Eldred Lewis

Address:

2183 SE Hawthorne Rd #207
Gainesville, FL 32641

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the 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.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

11/20/2015

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

11/20/2015

Date