

P 20000 013708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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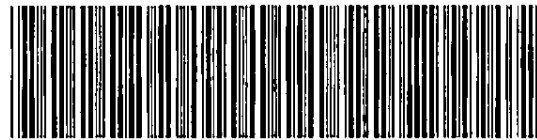
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/24/20--01007--001 **67.50

COVER LETTER

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

SUBJECT: GREEN FAMILY MGT INC
(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: LAWRENCE GREEN
Name (Printed or typed)
1800 S. OCEAN BLVD # 903
Address
POMPANO BEACH FL 33062
City, State & Zip
207-469-3113
Daytime Telephone number
PRATY48@MSN.COM
E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JAN 24 AM 8:21

FILED

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: GREEN FAMILY MGT WC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1800 S OCEAN BLVD #903

POMPANO BEACH FL 33062

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MANAGEMENT SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 1000

FILED
2020 JAN 24 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LAWRENCE GREEN, PRESIDENT

Address: 1800 S. OCEAN BLVD #903

POMPANO BEACH FL 33062

Name and Title: LAWRENCE GREEN, TREASURER

Address: 1800 S. OCEAN BLVD #903

POMPANO BEACH FL 33062

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: LAWRENCE GREEN
Address: 1800 S. OCEAN BLVD # 903
POMPANO BEACH FL 33062

ARTICLE VII INCORPORATOR

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

Name: LAWRENCE GREEN
Address: 1800 S. OCEAN BLVD # 903
POMPANO BEACH FL 33062

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2020 JAN 24 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FL

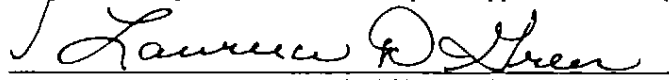
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JAN 15, 2020 (OPTIONAL)

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

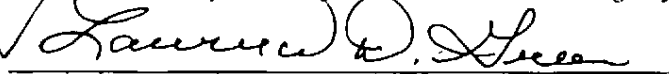
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

✓ 1-20-2020
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

✓ 1-20-2020
Date