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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

SEP 14 PM 2:31

DOCUMENT # L16000175605

1. Limited Liability Company's Name Greenco Holdings LLC

200318526822

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 2333 Ponce De Leon Blvd.

3. Mailing Office Address 2333 Ponce De Leon Blvd.

4. State/Country of Formation Florida

Suite, Apt. #, etc. Ste. R-240

Suite, Apt. #, etc. Ste. R-240

5. Date Organized or Qualified To Do Business In Florida 9/20/2016

City & State Coral Gables, FL

City & State Coral Gables, FL

6. FEI Number 82-3713613

Applied For Not Applicable

Zip Country 33134 USA

Zip Country 33134 USA

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road

Suite, Apt. #, Etc.

City Plantation

State Zip Code FL 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Mark Holloway, Asst. Secretary REGISTERED AGENT MUST SIGN

Date 9/12/18

10. Names and Street Addresses of Authorized Representatives/Managers

Table with 4 columns: Titles, Name of Authorized Representatives/Managers, Street Address of Each Authorized Representative/Manager, City / State / Zip. Row 1: Auth. Rep., General American Capital Partners LLC, 2333 Ponce De Leon Blvd #R240, Miami, FL 33134.

11. E-mail Address: bdagrosa@gacp.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager Joseph DaGrasa Jr. Date 9/12/18 Daytime Phone # 786-662-3114

Typed or printed name of signing Authorized Representative/Manager Joseph DaGrasa Jr.

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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 9/14/2018

Acc#120160000072

eric DW

Name:	Greenco Holdings LLC
Document #:	
Order #:	11153454 (Line 20)

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:
		Number of Certs:

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **407.50**

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DEPARTMENT OF STATE
18 SEP 14 AM 10:27

Thank you!