PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SEP 14 PM 2:31

200318526822

CR2E041 (1/14)

DOCUMENT # L16000175605

1. Limited Liability Company's Name
Greenco Holdings LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2333 Ponce De Leon Blvd.	2333 Ponce De Leon Blvd.
Suite, Apt. #, etc.: Ste. R-240	Suite, Apt. #, etc: Ste. R-240
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. State/Country of Formation: Florida

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

6. FEI Number: 82-3713613 ☐ Applied For ☐ Not Applicable

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: FL Zip Code: 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: [signature] Mark Holloway, Asst. Secretary Date: 9/12/18

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
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: [signature] Date: 9/12/18 Daytime Phone #: 786-662-3114

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

T MOORE
SEP 14 2018

Pg. 2 of 2

CT CORP

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

Date: 9/14/2018

Acc#I20160000072

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

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing: ☑	Certified: ☑		
	Plain: ☐		
	COGS: ☐		

Availability _____

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

Amount: $ 407.50

RECEIVED
DEPARTMENT OF STATE
18 SEP 14 AM 8:27

Thank you!