Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

· Fax Number

(850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (888)692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email A	ddracc.			

FLORIDA LIMITED LIABILITY CO.

Versatile Green International LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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O'KEEFE MAR 1 9 2013 18-Mar-2019

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	. The Common in			
The name of the Limited Lia	bility Company is:			
Versatile Green I	International LLC		of LC ? will C ")	—-
(Must o	contain the words "Limited	Liability Company,	"E.I.C., OF LUC.)	
ARTICLE II - Address:				
The mailing address and stre	et address of the principal	office of the Limited	Liability Company is:	
The manning account may on a	• •			
<u>Pris</u>	cipal Office Address:		Mailing Address:	
8751 Maslin Dri	ve	875	Maslin Drive	
Tampa, FL 3363		Тал	pa, FL 33637	
ARTICLE III - Registered	Agent, Registered Office	e, & Registered Age	nt's Signature: You must designate ao individual or	
(The Limited Liability Comp	pany cannot serve as its ow	ion)	You must designate an individual or	
another business entity with	an active morioa registrat	1011.)		
The name and the Florida st	reet address of the register	ed agent are:		
7110 1111110 2010 11110 1111111				
	John Ng			
		Name		
	8751 Maslin Drive			
	Florida street addr	ess (P.O. Box NOT	ecceptable)	
	Tampa,	FL	33637	
	City	State	Zip	

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 certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

City

State

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" - Manager	
	John Ng 8751 Maslin Drive
	Tampa, FL 33637
	татра, 11. 33037
	
	
	
fective date is listed, the date must be :	ate of filing:
LE V: Effective date, if other than the da fective date is listed, the date must be so filing.) If the date inserted in this block does no ament's effective date on the Department.	at meet the applicable statutory filing requirements, this date will not
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