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Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

. Account Name : GONGORA BIZ LEGAL CO., L.L.C.

Account Number : 120210000096 : (786)578-5718

Fax Number : (281)310-8796

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

Email Address: biz attorney in Fact @ gongora legato con

FLORIDA LIMITED LIABILITY CO. GREEN AND YELLOW LAND MANAGEMENT LLC

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Corporate Filing Menu

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57/19/21

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	COVER LETTER	
	w Filing Section rision of Corporations	
	GREEN AND YELLOW LAND MANAGEMENT LLC	
SUBJECT:	Name of Limited Liability Company	
	:	
he enclose	d Articles of Organization and fee(s) are submitted for filing.	
Please retur	mall correspondence concerning this matter to the following:	
	ALIANET GONGORA	·
	Name of Person	
	GONGORA BIZ LEGALCo., L.L.C.	· ·
	Firm/Company	
	99 Wall Street. Suite 5946	
	Address	·
	New York, NY 10005	
	City/State and Zip Code	·;
-	bizattomeyinfact@gongoralegalco.com E-mail address: (to be used for future annual report	notification)
For further i	information concerning this matter, pleaso call:	
	Alianet Gongora 307 316-0585	
		Telephone Number
Enclosed i	is a check for the following amount:	
□\$125.00	0 Filing Fee	Certificate of Status &
	Mailing Address Street Add	ress

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

GREEN AND YELLOW LAND MANAGEMENT LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1000 BRICKELL AVE STE 715

MIAMI, PL 33131

1317 EDGEWATER DR. STE 4887 ORLANDO, FL 32804

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are;

G. W. T PARTNERS PARALEGAL LLC

Name

1317 EDGEWATER DR. SUITE 4887

Florida street address (P.O. Box NOT acceptable)

ORLANDO

FLORIDA

32804

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..

•

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF USAL FAIL ARASSIE : COLUMN

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Title:	Name and Address:
AMBR = Authorized Memb	ber
"MGR" = Manager	
MGR	G. W. T PARTNERS PARALEGAL LLC 13)7 Edgewater dr. Suite 4887
	Orlando, FL 32804
EV: Effective date, if other the ective date is listed, the date	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 day
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