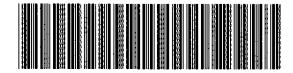
# F110000000148

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
_					

Office Use Only



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DEFANCIPHENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FINANCIAN

TALLAHASSEE FLORIDA

14/

#### **COVER LETTER**

	iling Section on of Corporations				
SUBJECT:	GREEN CONTRA	CTING COF	RP.		
		corporation - mus			
Dear Sir or Ma	dam:				
"Certificate of	Application by Foreign Corp Existence," or "Certificate o ed foreign corporation to tran	f Good Standing"	and check are subn		
Please return al	II correspondence concerning	g this matter to the	following:		
JAMES DA	AVIS				
		Name of Person			
UNITED	CRS				
		Firm/Company			
327 HOLI	LOW CREEK LN				
		Address			
HAVANA,	FL 32333				
		City/State and Zip	code		
JIMMY@U	NITEDCRS.COM	(to be used for five			
	E-man address:	(to be used for full	ire annual report no	ouncation)	
For further info	ormation concerning this mat	ter, please call:			
JAMES DA	AVIS	, (850 ) 32	2-7117		
Name	of Person		Daytime Telepho	ne Number	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Enclosed is a check for the following amount:			MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
\$70.00 Fil	· ·	Fee & <b>\$78.7</b>	75 Filing Fee & fied Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

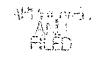
1. GREEN CON	NTRACTING CORP.				
(Enter name of c	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ΈD,	" "COMPANY," "CORPORATION,"		
	NTRACTING CORP OF MASSAC				
(If name unavail	lable in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting busine	ss in Florida	a)
2. MA		3.	04-3560062		
(State or country	under the law of which it is incorporated)	-	(FEI number, if applicable)		
4. April 18, 20	01	5.	Perpetual		
(Date	e of incorporation)		(Duration: Year corp. will cease to exist or	"perpetual"	)
6. Upon Regis	stration				
	(Date first transacted busine		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
<sub>7.</sub> 240 REVE	RE STREET, WINTHROP, I	MΑ	, 02152		
	(Principal office			ĀΩ	
240 REVE	RE STREET, WINTHROF	۱,۲	MA, 02152	ECS.	
	(Current mailing			<del>- 3</del> 5	
				W	r\)
8				יי פיי	
(Purpose(s	s) of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)	SSA	ċò
9. Name and stree	et address of Florida registered agent: (	(P.C	). Box NOT acceptable)	\$™	Ţ,
Name:	JAMES DAVIS				
Office Address:	327 HOLLOW CREEK LN				
	HAVANA		, Florida 32333		
	(City)		(Zip code)		

#### 10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

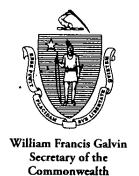
<sup>11.</sup> Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.



12. Names and business addresses of officers and/or directors:

A. DIRECTORS	11 JAN 12 AM 8: 19
Chairman:	SECHERALL STATE TALLAHASSEE FLORIDA
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: TODD E. GREEN	
Address: 240 REVERE STREET	
WINTHROP, MA 02152	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
	the application listing additional officers and/or directors.
-1-1/ Copp.	1
Signature	of Director or Officer o is listed in number 12 above) affirms that the facts stated herein
are true and that he or she is aware that false informati third degree felony as provided for in s.817.155, F.S.	ion submitted in a document to the Department of State constitutes

14. TODD GREEN



## The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02183

December 22, 2010

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

#### GREEN CONTRACTING CORP.

is a domestic corporation organized on **April 18, 2001**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



Processed By: crm

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth