

RITTER  
444 MALAGA AVE #1  
MIAMI, FL  
33134

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

(Corporation Name)

(Document #)

-01/07/00--01007--009

(Corporation Name)

(Document #)

~~\*\*\*155.00 \*\*\*155.00~~

W-765

(Corporation Name)

(Document #)

(Corporation Name)

(Document #)

☐ Pick up time

☐ Certified Copy

☐ Will wait

Photocopy

## Certificate of Status

## AMENDMENTS

☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

FILED  
00 JAN 21 AM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **REGISTRATION/QUALIFICATION**

☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

1/21

**Examiner's Initials**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

January 10, 2000

RITTER  
444 MALAGA AVE #1  
MIAMI, FL 33134

SUBJECT: GREEN HEALTHCARE, LLC  
Ref. Number: W00000000765

We have received your document for GREEN HEALTHCARE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays  
Document Specialist

Letter Number: 300A00001284

FILED  
00 JAN 21 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

GREEN HEALTHCARE, LLC

## ARTICLE II - Address:

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

444 MALAGA AVE, #1  
MIAMI, FL 33134

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

NATHAN RITTER  
Name  
444 MALAGA AVE, #1  
Florida street address (P.O. Box **NOT** acceptable)  
MIAMI FL 33134  
City, State, and 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 608, F.S.



Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

NATHAN RITTER

Typed or printed name of signee

### Filing Fees:

- ✓ \$100.00 Filing Fee for Articles of Organization
- ✓ \$ 25.00 Designation of Registered Agent
- ✓ \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)