

CT CORPORATION SYSTEM

CORPORATION(S) NAME

L010000003348

GreenAngle, LLC

01 MAR -5 PM 9:44
TALLAHASSEE, FL 32301
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

8000003799238-7

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****155.00 ****155.00

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|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

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Name _____
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Verifier _____
W.P. Verifier _____

3/5/01

M.S.

Order#: 373063

Ref#: _____

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615


36-01

ARTICLES OF ORGANIZATION
OF
GREENANGLE, LLC
a Florida Limited Liability Company

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME. The name of the limited liability company is GREENANGLE, LLC (the "*Company*").
2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address for the Company is: 10800 Biscayne Blvd., Suite 645, Miami, Florida 33161.
3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: C T Corporation System, c/o C T Corporation System, 1200 South Pine Island Road, Plantation, FL 33324
4. MANAGEMENT. The Company is to be manager managed.

The undersigned has executed these Articles of Organization on the 1st day of March, 2001.

By 
Alberto Franceschi,
Authorized signatory of the Members

01 MAR -5 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATION OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS
THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.**

1. The name of the limited liability company is: **GREENANGLE, LLC.**
2. The name and address of the registered agent and office is:

**C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
Plantation, FL 33324**

*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 its
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.*

Connie Bryan
C T Corporation System, Registered Agent

March 1, 2001

APPROVED
AND
FILED
01 MAR -5 AM 9:44
OFFICE OF STATE
CLERK
TALLAHASSEE, FLORIDA