2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

2/17/20

FILED
Jun 11, 2003 8:00 am
Secretary of State

02-17-2003 90003 030 ****50.00

DOCUMENT # L01000006540

1. Entity Name
GREEN SOLUTIONS, LLC

Principal Place of Business	Mailing Address
730 NE 4TH AVE FORT LAUDERDALE FL 33304	730 NE 4TH AVE FORT LAUDERDALE FL 33304

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

[redacted]

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number APPLIED FOR — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KLITZMAN, LAWRENCE S P.A 3225 AVIATION AVENUE, SEVENTH FLOOR MIAMI FL 33133	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
TITLE MGR NAME A.J. GREEN SOLUTIONS, INC. STREET ADDRESS 730 NE 4TH AVE CITY-ST-ZIP FORT LAUDERDALE FL 33304 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E083 (10/02)

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED 2/12/03 954-745-4450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Attachment 44004206 #L0100006540

Form **SS-4**

(Rev December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

► See separate instructions for each line. ► Keep a copy for your records.

EIN

OMB No. 1545-0003

TYPE OR PRINT CLEARLY

1 Legal Name of Entity (or individual) for Whom the EIN is Being Requested
GREEN SOLUTIONS, LLC

2 Trade Name of Business (if different from name on line 1)

3 Executor, Trustee, 'Care of' Name

4a Mailing Address (room, apartment, suite number, and street, or P.O. box)
730 N.E. 4TH AVE.

5a Street Address (if different) (do not enter a P.O. box)

4b City: FORT LAUDERDALE State: FL ZIP Code: 33304

5b City State ZIP Code

6 County and State Where Principal Business is Located
BROWARD, FLORIDA

7a Name of Principal Officer, General Partner, Grantor, Owner, or Trustor
A.J.GREEN SOLUTIONS INC.

7b SSN, ITIN, or EIN

8a **Type of entity** (check only one box)

- [ ] Sole proprietor (SSN)
- [ ] Partnership
- [X] Corporation (enter form number to be filed) ► 1120
- [ ] Personal service corporation
- [ ] Church or church-controlled organization
- [ ] Other nonprofit organization (specify) ►
- [ ] Other (specify) ►
- [ ] Estate (SSN of decedent)
- [ ] Plan administrator (SSN)
- [ ] Trust (SSN of grantor)
- [ ] National Guard
- [ ] Farmers' cooperative
- [ ] REMIC
- [ ] State/local government
- [ ] Federal government/military
- [ ] Indian tribal governments/enterprises

Group Exemption Number (GEN) ►

8b If a corporation, name the state or foreign country (if applicable) where incorporated: State: florida Foreign Country

9 **Reason for applying** (check only one box)

- [X] Started new business (specify type) ►
- [ ] Hired employees (check the box and see line 12.)
- [ ] Compliance with IRS withholding regulations
- [ ] Other (specify) ►
- [ ] Banking purpose (specify purpose) ►
- [ ] Changed type of organization (specify new type) ►
- [ ] Purchased going business
- [ ] Created a trust (specify type) ►
- [ ] Created a pension plan (specify type) ►

10 Date business started or acquired (month, day, year)
1/1/2003

11 Closing month of accounting year
12

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** *If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year)* ► n/a

13 Highest number of employees expected in the next 12 months. **Note:** *If the applicant does not expect to have any employees during the period, enter '0'* ►

Agricultural	Household	Other
0	0	0

14 Check **one** box that best describes the principal activity of your business.

- [ ] Construction
- [ ] Rental & leasing
- [ ] Transportation & warehousing
- [ ] Health care & social assistance
- [ ] Wholesale-agent/broker
- [ ] Real estate
- [ ] Manufacturing
- [ ] Finance & insurance
- [ ] Accommodation & food service
- [ ] Wholesale-other
- [ ] Retail
- [X] Other (specify)

15 Indicate principal line of merchandise sold, specific construction work done; products produced; or services provided.
CD DUPLICATION

16a Has the applicant ever applied for an employer identification number for this or any other business? [ ] Yes [X] No
Note: *If 'Yes,' please complete lines 16b and 16c.*

16b If you checked 'Yes' on line 16a, give applicant's legal name & trade name shown on prior application, if different from line 1 or 2 above.
Legal name ►
Trade name ►

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate Date When Filed (month, day, year)	City and State Where Filed	Previous EIN

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's Name: RUTH F.OWEN CPA
Designee's Telephone Number (include area code): (305) 653-7973
Address and ZIP Code: 17038 W. DIXIW HWY #134 NMB, FL.33160
Designee's Fax Number (include area code): (954) 455-5653

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and Title (type or print clearly.) ► ANDREW J. GREEN MANAGER A.J.GREEN SOLUTIONS INC.
Applicant's Telephone Number (include area code): (954) 745-4455
Applicant's Fax Number (include area code): 954-745-1133

Signature ► Andrew J. Green Manager Date ►

BAA For Privacy and Paperwork Reduction Act Notice, see separate instructions.

FDI22901 01/10/02 Form **SS-4** (Rev 12-2001)