Division of Corporations



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MJH

To:

Division of Corporations

Fax Number : (850)205-0383

From:

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number: 072450003255 Phone : (305)634-3694

Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

new green meadow, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
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Electronic Filing Menu.





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME:

The name of the Professional Limited Liability Company is:

NEW GREEN MEADOW, LLC

ARTICLE II - BUSINESS:

The business of this limited liability company is all business allowed under applicable laws of the State of Florida and the United States of America.

ARTICLE III - ADDRESS:

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

4530 Hunting Trial Lake Worth, Florida 33467

ARTICLE IV - MANAGEMENT:

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

ARTICLE V - RESTRICTION ON TRANSFER OF MEMBER INTEREST

The transfer of a member's interest is restricted by applicable law and the company operating agreement.

ARTICLE VI - REGISTERED AGENT

The registered agent to receive service of process for \overline{AB} company and location is:

Magnus Lofgren 4530 Hunting Trail Lake Worth, Florida 33467

IN WITNESS WHEREOF, the underlighed members have executed these articles of organization on Ortober 27, 2003 and in accordance with section 621.051, Florida Statutes, the execution of this affidavit constitutes and affilmation under the penalties of perjury that the facts stated herein are true.

Magnys Lofgren

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the professional limited liability company is: New Green Meadow, LLC
- 2. The name and the Florida address of the registered agent are: Magnus Lofgren, 4530 Hunting Trail, Lake Worth, FL 33467

Having been named as registered agent and to accept service of process for the above stated professional 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.

Modera Lofgren

Dated: October _____, 2003

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