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TRANSMITTAL LETTER

	ED
SUBJECT: Greentrust Homes, LLC	_
(Name of Limited Liability Company)	P 1:
SUBJECT: Greentrust Homes, LLC (Name of Limited Liability Company) SECRETARY OF TALLAHASSEE, Please return all correspondence concerning this matter to the following:	F STAT FLORI
. Total total an observation of observing and matter to the following.	
Errol Cowan	
(Name of Person)	
Greentrust, LLC	
(Firm/Company)	
POB 1134	
(Address)	
Eastsound WA 98245	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Errol Cowan at (360) 340 5196	

STREET ADDRESS: Registration Section

(Name of Person)

TO:

Registration Section Division of Corporations

> Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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Greentrust Homes, LLC	SECRETARY OF STAT
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
3909 New Levy Rd	2607 <u>Gaines îlle FL</u> 3
Gamesville FL3	2607 <u>Gaines relle FL 3</u>
ARTICLE III - Registered Agent, Registe The name and the Florida street address of the	ered Office, & Registered Agent's Signature:
The hanc and the Horida secon address of the	no registered agent are.
Frank F	2. Sajer ame
16211 - 12	W/5 27 Pl.

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, Florida Statutes.

Florida street address (P.O. Box NOT acceptable)

City, State, and Zip FLORIDA 32606

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows: FILED

Title:
"MGR" = Manager
"MGRM" = Managing Member
"SECRETARY OF SECRETARY OF S

"MGRM" = Managing Member

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Wendy Bratzel

Errol Cowan

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

Errol Cowan

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)