## L05000116357

| (Requestor's Name)                      | _ |
|---|---|
| (Address)                               |   |
| (Address)                               | _ |
| (City/State/Zip/Phone #)                | _ |
| PICK-UP WAIT MAIL                       |   |
| (Business Entity Name)                  | _ |
| (Document Number)                       | _ |
| Certified Copies Certificates of Status | _ |
| Special Instructions to Filing Officer: | 7 |
|   |   |
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## LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

CR2E031(7/97)

MIAMI, FL 33165 (305) 552-5973

|             |   |   | Office Use Only                       |
|-------------|---|---|---------------------------------------|
| COL         | RPORATION NAME(S) & DOC                                     | UMENT NUMBER(S), (if  | known):                               |
| 1. <u>F</u> | COrporation Name)   | CIRCLE 11 (Document #)  | C PROBLEM                             |
| 2           | (Corporation Name)  | (Document #)  | known):                               |
| 3           | (Corporation Name)  |   | CARDE TO                              |
| 4           | •   | (Document #)  |                                       |
|             | (Corporation Name)  | (Document #)  |                                       |
| `           | Walk in Pick up time  Mail out Will wait                    | 2.00 Photocopy  | Certified Copy  Certificate of Status |
| NE          | W FILINGS   | <u>AMENDMENTS</u>   |                                       |
|             | Profit Not for Profit Limited Liability Domestication Other | Amendment Resignation of R. Change of Regist Dissolution/With Merger    |                                       |
| <u>01</u>   | HER FILINGS  Annual Report Fictitious Name                  | REGISTRATION/O  Foreign Limited Partnersh Reinstatement Trademark Other |                                       |

Examiner's Initials

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ·  |
|--|
| ARTICLE I - Name: The name of the Limited Liability Company is:  |
| FULL GREEN CIRCLE LLC  |
| ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:  9737 NW 4/51  SUITE 607  DORAL FL 33178  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  |
| The name and the Florida street address of the registered agent are:   |
| Jose Prendes   |
| The name and the Florida street address of the registered agent are:  Vose Prendes  Name  9737 NW 41 St Suite 609  |
| Florida street address (P.O. Box NOT acceptable)  Dora  FL 33/78   |
| City, State, and Zip   |
| liability company at the place designated in this certificate, I hereby adcept 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  Registed 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.   |
| JOSE Prendes MANAGING MEMBER   |
| (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.)   |
| 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)