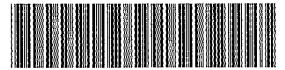
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: JOHN G. Green, LLC (Name of Limited Liability Company)				
(Name of Limited Liability Company)				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
John G. Green				
(Halle of Colony)				
John G. Green, LLC (Firm/Company)				
3803 EAST BAY Drive, \$10A				
· · · · · · · · · · · · · · · · · · ·				
Holmes Bench, FL 34217 (City/State and Zip Code)				
(Caly/state and Enf. Code)				
For further information concerning this matter, please call:				
John G. Green at 941 778-6795 (Name of Person) (Area Code & Daytime Telephone Number)				
(Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
S125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee, Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address Street/Courier Address Registration Section Registration Section				
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32301	T J			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
John G. Green, Lh (Must end with the words "Limited Liability Company, "Limited Company	.C		
(Must end with the words "Limited Liability Company, "Limited Company	or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the principal of	ffice of the Limited Liability Company is:		
Principal Office Address: Mailin	g Address:		
3803 EAST BAY Dr. #10A P.C. Holmes Beneh, FL. HOL 34617	1.BOX 1172 Mes Berett, FL 34218-1172		
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own Registered Agent business entity with an active Florida registration.)	& Registered Agent's Signature: You must designate an individual or another		
The name and the Florida street address of the registered	agent are:		
JOHN G. Green			
Name			
3803 EAST BAY Dr. #10A			
riorida street address (P.O. Box <u>NOT</u> acceptable)			
3803 EMST BAY Dr. #10A Florida street address (P.O. Box NOT acceptable) Holnes Bench FL 34217 City, State, and Zip			
Having been named as registered agent and to accept set liability company at the place designated in this certific registered agent and agree to act in this capacity. I furthe statutes relating to the proper and complete performance accept the obligations of my position as registered agent segistered Agent's Signature (REQUE)	rvice of process for the above stated limited cate, I hereby accept the appointment as er agree to comply with the provisions of all the of my duties, and I am fahitiar with and ent as provided for in Chapter 608, F.S		

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Manager

"MGRM" = Managing Member

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

John G. Green
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)