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SEORETANT OF SE

April 25, 2006

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Please accept this application for incorporating: Green Door Associates, LLC

Please contact me with any questions, at:

Edward Mullen 2110 North Ocean Boulevard, Suite 1604 Fort Lauderdale, FL 33305

Tel: 954-568-5800

Sincerely,

Edward Mullen

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Green Door Associates, LLC (Name of Limited Liability Company)	
The er	nclosed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Edward Mullen (Name of Person)	
	(Firm/Company)	
	2110 N. Ocean Blyd #1604	
	Fort Lauderdale FL 33305	
For fu	(City/State and Zip Code) rther information concerning this matter, please call:	
	Edward Mullen at (954) 568-5800 (Area Code & Daytime Telephone Number)	
Englo	sed is a check for the following amount:	
\$12	5.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$ \$160.00 Filing Fe \$\$\$ \$Certified Copy (additional copy is enclosed)\$\$ \$160.00 Filing Fe \$\$\$ \$\$\$ \$Certified Copy (additional copy is enclosed)\$\$	દ
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2110 N. Ocean Blvd #1604 Fort Lauderdale FL 33305	- 5ame
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registationsess entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
<u>Edward V</u>	nullen
2110 N. Ocu	can Blvd #1604 ress (P.O. Box NOT acceptable)
Fort Lauderda City, State, a	
liability company at the place designated in the registered agent and agree to act in this capacity	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

AFFROVED

The name and address of each Manager or Managing Member is as follows:		
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Edward Mullen 2110 N. Ocean Blvd #1604 Fort Lauderdale 41 33305	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: HPRIL 20, 2006. (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.)

Edward Mullen
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)

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