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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
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DIVISION OF STATE
TALLAHASSEE, FLORIDA

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Just

FLORIDA/FOREIGN LIMITED LIABILITY CO.

WILLIAM GREENFIELD TRADING L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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DIVISION OF CORPORATION

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

William Greenfield Trading L.L.C.

Article II - Address:

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

Principal Office Address:

Mailing Address:

746 SW Lighthouse Dr.
Palm City, FL 34990

same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

William Greenfield
Name

746 SW Lighthouse Dr.
Florida street address (P.O. Box NOT acceptable)

Palm City, FL 34990
City, State, and Zip

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, F.S..

William Greenfield
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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ARTICLE IV - Management / Member(s):

The name(s) and address(es) of each Manager or Managing Member is as follows"

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MgrmWilliam Greenfield
746 SW Lighthouse Dr.
Palm City, FL 34990ManagerJoanne H. Greenfield
746 SW Lighthouse Dr.
Palm City, FL 34990

(Use attachment if necessary)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

REQUIRED SIGNATURE:William Greenfield
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.)William Greenfield
Typed or printed name of signee

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