

L080000010039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

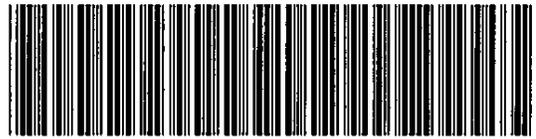
Certified Copies _____ Certificates of Status _____

W08-2714

Special Instructions to Filing Officer:

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Office Use Only



900114076419

Effective Date *1/26/08*

01/14/08--01026--016 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JAN 14 AM 11:24

B. Tadlock JAN 29 2008



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2008

LEYVI SALMERON
PO BOX 560301
MIAMI, FL 33256

SUBJECT: GREEN SYSTEMS, LLC.
Ref. Number: W08000002714

We have received your document for GREEN SYSTEMS, LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

You cannot list more than one registered agent. Please remove one of the individuals you have listed in Article III and correct the registered agent's signature in Part III, if applicable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 208A00003719

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GREEN SYSTEMS

(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:

Leyvi Salmeron

(Name of Person)

(Firm/Company)

PO BOX 560301

(Address)

Miami, FL 33256

(City/State and Zip Code)

For further information concerning this matter, please call:

Leyvi Salmeron at (**305**) **587-0640**

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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:

Effective Date 1/26/08

GREEN SYSTEMS, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

12260 SW188 Terra
Miami, FL 33177

PO BOX 560301
Miami, FL 33256

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

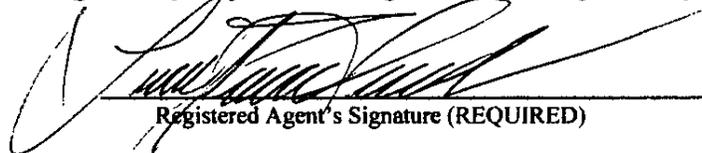
Leyvi Salmeron
Name

12260 SW188 Terra
Florida street address (P.O. Box NOT acceptable)

Miami, FL33177 FL
City, State, and Zip

08 JAN 14 AM 11:24
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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" = Managing Member

Name and Address:

Manager

Leyvi Salmeron

12260 SW188 Terra

Miami, FL33177

Managing Member

Salvador Salmeron

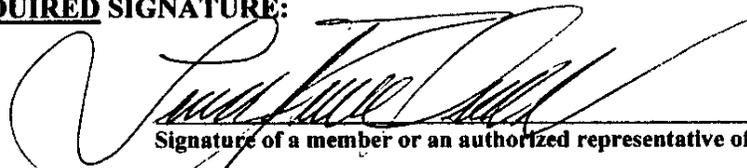
12260 SW188 Terra

Miami, FL33177

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/26/2008. (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.)

Leyvi Salmeron

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)