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EXAMINER

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TALLAHASSEF FISIALE

COVER LETTER

	ition Section of Corporations		
SUBJECT:	GREENE (Name of Limited	E 4 L d Liability Company)	.L.C.
The enclosed Arti	cles of Organization and fee(s) are su	abmitted for filing.	
Please return all c	orrespondence concerning this matte	r to the following:	
GR	EENE MARSHA	LL LABUZ	AN III
	Q	Name of Person)	
	GREENE	4 L.L.C	•
	O	Firm/Company)	
	24950 5	S.W. 144	AVE
	_	(Address)	7 TA
	MAMI,	FL. 3303	ZOOB MAR
	(Éity/	(State and Zip Code)	AR TA
For further inform	nation concerning this matter, please	call:	MAR 20 A IO: NASSEE, FLOR 154
GREENE		at (305) 378-	
	(Name of Person)	(Area Code & Daytime Tele	ephone Number)O
Enclosed is a ch	eck 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 C	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GREENE 4 L	L.C.
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
24950 S.W. 144 AVE. MIAMI, FL. 3303Z	
MIAMI, FL. 3303Z	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r ALLTON G FIST Name 7520 SW 57 AVE Florida street add Sorth MIAM City, State, a	registered agent are: HER VVE SVITE A THESS (P.O. Box NOT acceptable) FL 33143

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)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	GREENE MARSHALL LABURAN IN 29950 SW 144 AVE MIAMI, FL. 3303Z
	Z000 SEC
· · · · · · · · · · · · · · · · · · ·	TAP 20
	OF S. IAIE BRIDA
(Use attachment if necessary)	م م
	be specific and cannot be more than five business days
effective date is listed, the date must 90 days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business day

(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.)

GREENE MARSHAU CABUZAN IV
Typed or printed name of signee

Signature of a member or an authorized representative of a member.

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)