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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FIRST CAST GREEN LLC (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:	
EARNEST JAMES PAULK II. (Name of Person)	
(Firm/Company)	
1437 WALNUT ST (Address)	
(Address)	
JACKSONVILLE FL 32206 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Earnest PAULK at (964) 735-7338 FEE ARE (Name of Person) (Area Code & Daytime Telephone Number) ARE ARE ASSA	77
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 (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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:

FIRST COAST GREEI (Must end with the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1437 WALNUT ST Jacksonville, FL 32206	1437 WHNUT ST Jackson ville, FL 32206
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registered (The Company Compa	red Agent. You must designate an individual or another
EARNEST JAM	FC DAVIK 777 FEE 208
Name	우유 프
1437 WALNUT 57	TARY OF SEE FILE SEE (P.O. Box NOT acceptable)
	ess (P.O. Box NOT acceptable)
24CK POUNTIFIE	FL 32706
City, State, an	d Zip 22
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: April (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.) Typed or printed name of signee

* ARTICLE IV- Manager(s) or Managing Member(s):

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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