

L08000067064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

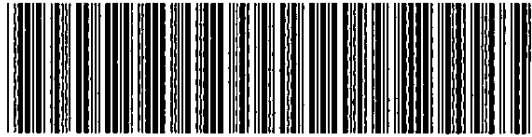
Special Instructions to Filing Officer:

A. LUNT

JUL 11 2008

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAW OFFICES OF
MENDEN & FREIMAN, LLP
TWO RAVINIA DRIVE, SUITE 1200, ATLANTA, GA 30346
PHONE: (770) 379-1450 FAX: (770) 379-1455
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Stephen L. Provost
(770) 379-1450
SPROVOST@MFATTORNEYS.COM

July 9, 2008

VIA FEDERAL EXPRESS

Florida Department of State
Registration Section/ Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Registration of Florida LLC

Dear Sir/ Madam:

We have enclosed the following documents in connection with the filing of
GREEPLE, LLC:

1. Cover Letter;
2. An original and one conformed copy of the *Articles of Organization*; and
3. A check payable to the Florida Department of State in the amount of \$160.00 representing payment of \$125.00 for the filing fee, \$30 for the Certified Copy and \$5 for the Certificate of Status.

Thank you for your assistance in this matter.

Sincerely,



Stephen L. Provost
Paralegal

SLP
Enclosures

In accordance with the disclosure rules of Internal Revenue Service Circular 230, the content of this letter was not intended or written to be used—and cannot be used—for purposes of avoiding tax penalties, nor for purposes of promoting, marketing, or recommending to another party an arrangement involving any tax-related matters addressed herein.

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: GREEPLE, 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:

Jeffrey M. Mangieri, Esq.

(Name of Person)

Menden, Freiman & Zitron, LLP

(Firm/Company)

2 Ravinia Drive, Suite 1200

(Address)

Atlanta, Georgia 30346

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Steve Provost

(Name of Person)

at (770) 379-1450

(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:

GREEPLE, 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:

1455 Ocean Drive

Suite 1109

Miami Beach, FL 33139

Mailing Address:

1455 Ocean Drive

Suite 1109

Miami Beach, FL 33139

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:

David Ackerman

Name

1455 Ocean Drive, Suite 1109

Florida street address (P.O. Box **NOT** acceptable)

Miami Beach

FL

33139

City, State, and Zip

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TALLAHASSEE, FLORIDA

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

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:

MGR

David Ackerman

1455 Ocean Drive, Suite 1109

Miami Beach, FL 33139

MGR

Carlos Guinan

9565 Transfer Row

Columbia, MD 21045

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

David Ackerman

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)