

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

GREEN TEAM MORTGAGE, LLC

Certificate of Status	0
Certified Copy	1
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D. BRUCE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:
GREEN TEAM MORTGAGE, LLC

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

ARTICLE II- Address:

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

Principal Office Address:
17860 NW 2ND AVE. # 201
MIAMI GARDENS, FL 33169

Mailing Address:
SAME

ARTICLE III- Manager(s) or Managing Member(s):

The name and address of each Manager of Managing Member is as follows:

<u>Title</u>	<u>Name and Address:</u>
MANAGER MEMBER	NANCY LIFTER-WOLIN 17860 NW 2 ND AVE # 201 MIAMI GARDENS, FL 33169
MANAGER	MARIA E. GOMEZ 17860 NW 2 ND AVE # 201 MIAMI GARDENS, FL 33169

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

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

NANCY LIFTER-WOLIN

Name
17660 NW 2ND AVE # 201

Florida Street Address
MIAMI GARDENS, FL 33169

City, State, and Zip

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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 certification, 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)

Manager Member

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

SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution that the facts stated herein are true)

Maria E. Gomez - Manager

Type or printed name of signee.