LD9000002234

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT .	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Effect	ive da	to.
Effect not al	eupta	ble

Office Use Only

Called 1/8/09 spoke w/ Marci left message



600139453516

109-2234

01/05/09--01068--023 **160.00

Fla LLC

Effective 12/08 FILED FILED FILED

N. CAUSSEAUX

JAN 8 2009

EXAMINER

Called back 1/8/09 Michael Solomon Stated OK to chance to 12/29

To Whom It May Concern:

Please find the enclosed registration paperwork.

If you have any questions, please call on me.

Michael Solomon 954-237-2961

COVER LETTER

	Registration Section Division of Corporations
SUBJEC	r: Green Taxi Co, LLC.
	(Name of Limited Liability Company)
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
<u>v</u>	/illiam H. Bodenhamer, Jr.
	(Name of Person)
C	reen Taxi Co, LLC.
_	(Firm/Company)
1	330 SE 4th Avenue, Suite A
	(Address)
F	ort Lauderdale, FL 33316
	(City/State and Zip Code)
For furthe	r information concerning this matter, please call:
Williar	n H. Bodenhamer, Jr _{at (_} 954 ₎ 524-6500
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$\bigsquare\$\$\\$130.00\$ Filing Fee & \$\bigsquare\$
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		0
	in the second se	ب
Green Taxi Co, LLC.		
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")	· 5 [
ADTICLE II. Add		
ARTICLE II - Address:	-m	·/3
The mailing address and street address	s of the principal office of the Limited Liability &	impany i
		H 8
Duin simal Office Addresses	Mailing Address:	o
Principal Office Address:		
1330 SE 4th Avenue, Suite A	1330 SE 4th Avenue, Suite A	
		-
1330 SE 4th Avenue, Suite A	1330 SE 4th Avenue, Suite A	_ _ _
1330 SE 4th Avenue, Suite A	1330 SE 4th Avenue, Suite A	- -
1330 SE 4th Avenue, Suite A Fort Lauderdale, FL 33316	1330 SE 4th Avenue, Suite A Fort Lauderdale, FL 33316	_ _ _ re:
1330 SE 4th Avenue, Suite A Fort Lauderdale, FL 33316 ARTICLE III - Registered Agent, R	1330 SE 4th Avenue, Suite A	

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

NATHAN I. LEDER, P.A.

Name

1330 SE 4th Avenue, Suite G

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

Fort Lauderdale, FL 33316

City, State, and Zip

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:

1330 SE 4th Avenue, Suite A	
	
Fort Lauderdale, FL 33316	
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	Fort Lauderdale, FL 33316

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.)

William H. Bodenhamer, Jr.

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)