## Florida Department of State

Division of Corporations Public Access System

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000094962 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORPORATE OUTFITS

Account Number : 071001002335

Phone : (305)599-0839

Fax Number

: (305)716-0346

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

GREENTEK HOUSING USA, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

S. HAWKES

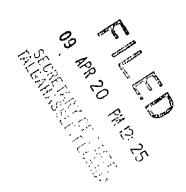
Ark 21 Lins

**EXAMINER** 

Electronic Filing Menu

Corporate Filing Menu

Help



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	·
The name of the Limited Liability Co	mpany is:
GREENTEK HOUSING US	A 11.C
(Must and with the words "L	lmited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
153 NE 97 STREET	153 NE 97 STREET
MIAMI SHORES, FL 33138	MIAMI SHORES, FL 33138

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limitity Company entrior serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida registration.)

MIAMI SHORES, FL 33138

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

ARIOVISTUS LUNDY
Name
153 NE 97 STREET
Florida street address (P.O. Box NOT acceptable)
MIAMI SHORES, FL 32138
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.

(CONTINUED) Page 1 of 2

#P.4.	Maria and A.	不行
Title:	Name and Address:	57
"MOR" = Manager		
"MGRM" = Managing Member		
MGRM	CRAIG PRICE	. به مدر استا
	153 NE 97 STREET	بيا <u> </u>
•	MIAMI SHORES, FL 33138	
MGRM	LEX PRICE	
The state of the s	153 NE 97 STREET	
	MIAMI SHORES, FL 33138	
MGRM .	ARIOVISTUS LUNDY	
	153 NE 97 STREET	
	MIAMI SHORES, FL 33138	
	•	
(Use attachment if necessary)		
(Use attachment if necessary)		
LE V: Effective date, if other than the		PTION
LE V: Effective date, if other than the fective date is listed, the date must b	e date of filing: (O) be specific and cannot be more than five busi	
LE V: Effective date, if other than the		
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)		
LE V: Effective date, if other than the fective date is listed, the date must b		
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)		
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	e specific and cannot be more than five busi	
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:		
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member	e specific and cannot be more than five busi	
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a	er or an authorized representative of a member.  ction 608,408(3) Florida Statutes, the execution litutes an affirmation inder the penalties of perjury	