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(Re	equestor's Name)	
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		. -
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(Cit	ty/State/Zip/Phone	∋ #)
□ PICK-UP	☐ WAIT	☐ MAIL
(Bu	isiness Entity Nar	ne) :
		,
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO:	Registration Division of C							
SUBJ	ECT:	Gre	en S	tewar	d LLC			
		Name of Limit	ed Liab	ility Com	pany			
The er	nclosed Articles	of Organization and fee(s) are	submitt	ed for fili	ing.			
Please	return all corres	pondence concerning this mat	ter to th	e followi	ng:			
		V		y Rauh	1		SEC	2009
			Name o	of Person			RETAR)	2009 AUG 31 PH
			Firm/C	Company			OF S	PH
		3920	<u>_</u> _	perry D	rive		SE SE	2: [
			Ad	dress			Ď	Ċī
		· · · · · · · · · · · · · · · · · · ·		e, FI 32				
			_	and Zip Co	•			
		E-mail address: (to be used	eyraul for futur	n@gma annual re	ul.com port notification	on)		
For fu	rther information	concerning this matter, pleas	e call:					
	Whi	tney Rauh	_ at (845	_)	300-9251		
	Name	e of Person		Area Co	de & Daytime	Telephone Number		
Enclo	sed is a check i	For the following amount:						
]\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce	rtified C	ing Fee & Copy opy is enclosed	\$160.00 Fil Certificate Certified C (additional co	of Statu Copy	s &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registro Division Clifton 2661 E	Courier Adda ation Section on of Corporat Building xecutive Cent assee, FL 3230	tions		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Compa	ny is:		
	teward LLC d Liability Company," "L.L.C.," or "LLC.")		
·	a Liability Company, L.L.C., or LLC.)	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limite	d Liability Comp	oany is:
Principal Office Address:	Mailing Address:		
3920 Bayberry Drive	3920 Bayberry Drive		
Melbourne, FI 32901	Melbourne, Fl 32901		
3920 E Florida street addres	f the registered agent are: itney Rauh Name Bayberry Drive s (P.O. Box NOT acceptable)	ent's STATE STATE AND A STATE FLORIDA	
Melbourne 3290	O1 FL State, and Zip		
Having been named as registered agent as liability company at the place designate registered agent and agree to act in this constatutes relating to the proper and complete accept the obligations of my position as	nd to accept service of process for ed in this certificate, I hereby acce spacity. I further agree to comply lete performance of my duties, and	pt the appointme with the provisio I I am familiar wi	nt as ns of all th and

(CONTINUED)

Page 1 of 2

	Aanager(s) or Managi dress of each Manager	or Managing Member is as follows:			
Title: "MGR" = Manag "MGRM" = Manag		Name and Address:			
Whitney Rauh-I	<u>M</u> GRM	Whitney Rauh 3920 Bayberry Drive Melbourne, Fl 32901		2009 /	
Kelly I. Dunn-M	<u>gr</u>	Kelly I. Dunn 3920 Bayberry Drive Melbourne,Fl 32901	RETARY OF STATE	AUG 31 PM 2: 45	
(Use attachment i	 f necessary)				
ARTICLE V: Effective of (If an effective date is list to or 90 days after the da	ed, the date must be sp	te of filing: pecific and cannot be more than five b	(OPTIO) ousiness (NAL) days pi	rior
<u>REQUIRED</u> SIG	Much	en Rauh. r an authorized representative of a member	.		
		n 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjurate true.)	у		
	T	Whitney Rauh			
Filing Foos	ı yped	l or printed name of signee			

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)