

W09000110996

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.****

Email Address: _____

FILED
2009 NOV 18 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.
GREEN DRAGON PROPERTIES, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

T. CLINE

NOV 19 2009

EXAMINER

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09 NOV 18 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H09000243851

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Green Dragon Properties, 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:

Mailing Address:

11602 Lake Underhill Road
Suite 119
Orlando, Florida 32825

11602 Lake Underhill Road
Suite 119
Orlando, Florida 32825

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:

Law Offices of John L. Di Masi, P.A.

Name

801 N. Orange Ave., Suite 500

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

Orlando 32801

FL

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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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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:

MGRM

Philip T. Hardy, MD

11602 Lake Underhill Road, Suite 119

Orlando, Florida 32825

(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 penalty of perjury that the facts stated herein are true.)

Frank J. Lacquaniti, Esquire

Typed or printed name of signee

attorney at law
Green Oregon Properties, LLC

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)

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2009 NOV 18 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 19 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300162944463
11/19/09--01003--005 **232.50

CR2E041 (11/09)

DOCUMENT # 207000033016

1. Limited Liability Company's Name

C & T Flooring LLC

2. Principal Office Address - No P.O. Box #

3384 Five Forks Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

3384 Five Forks Rd.

Suite, Apt. #, etc.

City & State

Boston GA.

City & State

Boston GA

Zip

31626

Country

US

Zip

31626

Country

US

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

141993365

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

John A. Yates

Street Address (P.O. Box Number is Not Acceptable)

420 N. Romero

Suite, Apt. #, Etc.

City

Clewiston

State

FL

Zip Code

33440

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

John A. Yates

REGISTERED AGENT MUST SIGN

Date 11/19/09

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|---------------------|
| MGRM | John A. Yates | 3384 Five Forks Rd. | Boston GA 31626 |
| MGRM | Daniel R. Sutton | 107 M + M Meadows Ln. | Ocklocknee GA 31773 |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT

08-09

TC 11-19-09

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

John A. Yates

Date 11/19/09

Daytime Phone # 229-672-1801

Typed or printed name of signing Managing Member/Manager