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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO:

Registration Section

Division of C	Corporations			
SUBJECT:	GREEN WO	RLD (CRETE GLO	DBAL LLC
	Name of Limi	ted Liabi	lity Company	
The enclosed Articles	of Organization and fee(s) are	submitte	ed for filing.	
Please return all corre	spondence concerning this mat	ter to the	e following:	
	DON A		ADISO, ESQ.	
		Name of	f Person	
	DON	A PAR	ADISO P.A.	
		Firm/Co	ompany	
	5499 N. FEDE	ERAL H	HIGHWAY SU	JITE D
		Add	lress	
	BOCA RA	TON,	FLORIDA 334	487
	Ci	ty/State a	nd Zip Code	
	donparadiso@r	nyfloric	dacorporatelay	wyer.com
For further information	E-mail address: (to be used n concerning this matter, pleas		аппиан герогі понн	ication)
	Paradiso Esq.	_ at (561	989-3600
Nam	e of Person		Area Code & Dayt	time Telephone Number
Enclosed is a check	for the following amount:			
]\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce	5.00 Filing Fee of the file of the control of the c	Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street/Courier A Registration Sect Division of Corp Clifton Building 2661 Executive Tallahassee, FL	tion porations Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
GREEN WORLD CRE (Must end with the words "Limited Liab ARTICLE II - Address:				
	principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
3984 Crescent Creek Drive	5499 N. Federal Highway			
Coconut Creek, Florida 33073	Suite D			
	Boca Raton, Florida 33487			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an individual or another			
	Don A. Paradiso, Esq. 99 VSECRETAL SAME SAME SAME SAME SAME SAME SAME SAME			
Name				
5499 N. Federal I	Highway, Suite D > 위험 및			
Florida street address (P.O	D. Box NOT acceptable)			
Boca Raton FL 33487 City, State,	The state of the s			
City, State,	and Zip			
liability company at the place designated in	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all			

Registered Agent's Signature (REQUIRED)

. 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Dora E. Alverez 3984 Crescent Creek Drive Coconut Creek, Florida 33073
(Use attachment if necessary)	
TICLE V: Effective date, if other than the an effective date is listed, the date must be or 90 days after the date of filing.)	e date of filing: (OPTIONAL) e specific and cannot be more than five business days pr
REQUIRED SIGNATURE: Signature of a member	er or an authorized representative of a member.
(In accordance with sec of this document const that the facts stated her	ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.)
Don A. Para Ty Filing Fees:	adiso, Esq. Authorized Signature /ped or printed name of signee
\$125.00 Filing Fee for Articles of Orga	nization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)