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	(Business Entity	Name)
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Certified Copies	Certific	cates of Status
Special Instructions	to Filing Officer:	:
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EXAMINER

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COVÉR LETTER

, TO:	Registration S Division of Co			
` subj	ECT: GREEN	GROUP STORE, LLC		
		Name of Limit	ed Liability Company	
		f Organization and fee(s) are		
i icasc	return an corresp	ondence concerning and mai	ter to the following.	
	Silvia De Leo	n		
			Name of Person	
	Green Group	Store, LLC		25 A
			Firm/Company	LAHAUS
	4701 Old Canoe Creek Road Unit #702046		HASS	
			Address	men 7
	Saint Cloud F	L 34770		PM 1:27
		Ci	y/State and Zip Code	127 100 A
	info@greengr			
			for future annual report notification)	
For fu	rther information	concerning this matter, pleas	e call:	
Silvia	De Leon		at (407)427-4777	
	Name of Person		Area Code & Daytime Telep	hone Number
Enclo	sed is a check fo	or the following amount:		
☑\$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci	ircle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Green Group Store, LLC`	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10 S. Semoran Blvd.	4701 Old Canoe Creek Road
Orlando FL	Unit #702046
32807	Saint Cloud FL 34770
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	gistered agent are:
Silvia De Leon	5 1
Name	\$55% o
10 S Semoran Blvd.	(T) ptm
Florida street addr	ess (P.O. Box NOT acceptable) FL 32807
Orlando	FL 32807
City, Stat	e, and Zip
	ccept service of process for the above stated limited is 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

<u>Title:</u>	Name and Address:	2 T.
"MGR" = Manager		下 [25]
"MGRM" = Managing Member	ر د د	
MGRM	Silvia De Leon	<u></u> (4)
	10 S Semoran Blvd.	05
	Orlando, FL 32807	ED IT
MGRM	María Vargas	•
V.,	545 Koala Drive	
	Kissimmee, FL 34759	
MGRM	German Rodriguez	
141011141	2752 Herons Landing Drive	
	Kissimmee FL 34741	
(Use attachment if necessary) LE V: Effective date, if other than the fective date is listed, the date must b days after the date of filing.)	date of filing: 8/01/10. (Ole specific and cannot be more than five busings)	PTIC iness
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LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REOUIRED SIGNATURE: Signature of a member of this document const	e specific and cannot be more than five busing the first serior an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury	PTIC iness

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)