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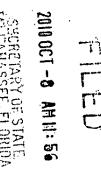
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C. LEWIS

OCT 1 1 2010

EXAMINER

COVER LETTER

	on Section f Corporations	
SUBJECT:	LATTEN GREE	N MOUNTAIN LLC
	Name of Limit	ed Liability Company
The enclosed Articl	es of Organization and fee(s) are	submitted for filing.
Please return all cor	respondence concerning this mat	ter to the following:
	LAWREN	ICE A. GOLDMAN Name of Person
CC	OMPUTER ACCOU	INTING & TAX SERVICE, INC.
		Firm/Company
	6306 N	. CICERO AVE.
		Address
	CHIC	AGO, IL 60646
-		ty/State and Zip Code
	comac	tg@comcast.net
	E-mail address: (to be used	for future annual report notification)
For further informat	ion concerning this matter, pleas	e call:
RICH	ARD L. THOMPSON	_at (941) 923-4500
N	ame of Person	Area Code & Daytime Telephone Number
Enclosed is a chec	k for the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LATTEN GREEN MOUNTAIN 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:	
7750 CHERRY LAUREL COURT.	6306 N. CICERO AVE.	
SARASOTA, FL 34241	CHICAGO, IL 60646	

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:

LAWRENC	E A. GOLDMAN	A CO
	Name	当門口
3823 GLEN (OAKS MANOR DR.	ASSI ASSI
Florida st	reet address (P.O. Box NOT acceptable)	
SARASOTA	_{FL} 34232	707
	City, State, and Zip	37

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

FILED

The name and address of each Manager or Managing Member is as follows:

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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 penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

LAWRENCE A. GOLDMAN

Typed or printed name of signee

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)