Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973 Fax Number

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FLORIDA LIMITED LIABILITY CO. GREENWAY PROPERTY MAINTENANCE LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

G. MCLEOD

Electronic Filing Menu

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Help

https://efile.sunbiz.org/scripts/efilcovr.exe

EXAMINER

2/22/2012

ARTICLE I - Name:

H12000047163

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

| Creenway Property Mointenance LLC (Musteral with the words "Limited Liability Company, "LLC," or "LC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

305 Walker Circle ast	305 Walker Circle East
Lake Land	Lake Land
Florida 33805	Florida 33805

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Limitity Company cannot serve as its own Registered Agent. You must designate an individual or abother business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

| Barry J. Cockre U |
| Name | 1305 Walker Circle East |
| Florida street address (P.O. Box NOT acceptable) |
| Lake Land | Fl. 33805 |
| Lake Land | Fl.

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)
Page 1 of 2

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

Page:5/6

H12000047163

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: _ (If an effective date is listed, the date must be specific and cannot be more than five business days prior

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Signature of a member of 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.)

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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