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(ке	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRUTARY OF STATE

J. SAULSBERRY EXAMINER

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COVER LETTER

Division of C					
_{SUBJECT:} Gree	en Globe				
Sebuci.	Name of Limited	Liability Comp	any		
The enclosed Articles	of Organization and fee(s) are sub	mitted for filin	g.		
Please return all corres	pondence concerning this matter t	o the following	<i>;</i> :		
Zandor	Tremaine				
		me of Person			
Green (Slobe				
		rm/Company			
818 Blu	e Ridge Circle			$\overline{\mathbf{A}}_{c}$	21
		Address]
Mark Dalas	D EL 00400			HAH.	20 2 FEB 2\$
vvest Palm	Beach, FL 33409	ate and Zip Code		SSE	20
omnizando	or@aim.com	are and zip code	•		
	E-mail address: (to be used for f	uture annual repo	ort notification)		ਲੂ ਂ
* For further information	concerning this matter, please ca	It:		DRIDA	1 2
Zandor Tremai	ne at	,561	, 568-0166		
Name	of Person		& Daytime Telephone Nu	mber	
Enclosed is a check f	or the following amount:				
_		\$155.00 Filin Certified Cop (additional copy	py Certifi y is enclosed) Certifi	00 Filing Fee, icate of Status ied Copy on al copy is enclosed.	s &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporations suilding secutive Center Circle see, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Δ	PТ	ICI	F I	- Na	me
	. 17. 1	\mathbf{L}	ar I	- 172	unc.

The name of the Limited Liability Company is:

Green Globe "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:
818 Blue Ridge Circle West Palm Beach, FL 33409	818 Blue Ridge Circle West Palm Beach, FL 3409

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:

Zandor Tremaine	Ž Ž	
818 Blue Ridge Circle	2012 FEB SECRET	***************************************
Florida street address (P.O. Box NOT acceptable)	17/28 ANSSE	
West Palm Beach FL 33409	Y OF S	l [77
City, State, and Zip	20 NO 1.	

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):

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

	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MERM	Zandor Tremaine	818 Blue Ridge Circle West Palm Beach, FL 33409	
		TALLAHA SSE	PILE 29 AM
		E. FLOR DA	AND:42
(If an e		e of filing: (OPTIO pecific and cannot be more than five business	
	REQUIRED SIGNATURE:	M:	
	(In accordance with section 608.408 constitutes an affirmation under the	an authorized representative of a member. 8(3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true on submitted in a document to the Department of State provided for in s.817.155, F.S.)	,
	Zandor Tremaine		
	Typed	or printed name of signee	
	Filing Fees:		
	\$125.00 Filing Fee for Articles of Organiza of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	tion and Designation	

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