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(Re	equestor's Name)	
(Ad	dress)	<u> </u>
, (Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

B. KOHR

APR 1 1 2012

EXAMINER



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04/09/12--01020--025 **130.00

EFFECTIVE DATE 4 15 2012

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SCRETARY OF STATE

Contact Information

Name: Camille Touma

Address: 1329 Sylvie Ln,

Ponte Vedra ,FL.32081

PH# 904-655-3536 Cell

Office #904-429-7001

Fax #904-217-0020

EMAIL@ctouma@greenenergybuilders.org

12 TOR -9 MIG 50

EFFECTIVE DATE + 15/20/2

COVER LETTER

	ation Section		
Divisior	of Corporations		* ***
SUBJECT: G	reen Energy Spray F	oam Insulation (LLC	
SUBJECT:	, 	ted Liability Company	3 GG
			4 82
The enclosed Art	ticles of Organization and fee(s) are	submitted for filing.	
Please return all	correspondence concerning this mat	ter to the following:	
		EFFE	ECTIVE DATE 4/15/2012
<u>Cami</u>	lle Touma		773012
		Name of Person	
Gree	n Energy Spray Foar	n Insulation (LLC)	
		Firm/Company	
9556	Historic Kings Road S	South Suite # (302)	
3330	Thistoric Kings Road V	Address	.
Jackso	onville ,Florida, 32257		
		ty/State and Zip Code	
ctouma	a@greenenergybuilders.c		
	E-mail address: (to be used	for future annual report notification)	
For further inforr	mation concerning this matter, pleas	e call:	
Camille Tou	ıma	at (904 \ 655-3536	
	Name of Person	at (904) 033-3330 Area Code & Daytime Telep	hone Number
Enclosed is a ch	neck for the following amount:		
\$125.00 Filing F	ee \$\sqrt{\$130.00}\$ Filing Fee &	\$155.00 Filing Fee &	\$160.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
	P.O. Box 6327	Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

EFFECTIVE DATE 4/15/2012

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Green Energy Spray Foam Insulation 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:	
9556 Historic Kings Road South	9556 Historic Kings Road South	
Suite # 302	Suite # 302	
Jacksonville, FL.32257	Jacksonville, FL.32257	

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:

Camille Touma	
]	Name
1329 Sylvie Lr	٦,
Florida stre	eet address (P.O. Box NOT acceptable)
Ponte Vedra	_{FL} 32081
Ci	ty, State, and Zip

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:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Camille Touma
	9556 Historic King Road South ,Suite # 302
	Jacksonville, Fl.32257

(Use attachment if necessary)	
	1 1 car April 15 2012 (OPTIONAL)
TICLE V: Effective date, if other than	n the date of filing: April, 15,2012 (OPTIONAL)
	ust be specific and cannot be more than five business days prio
or 90 days after the date of filing.)	
REQUIRED SIGNATURE: (
Signature of a th	ember or an authorized representative of a member.
-	
(In accordance with section constitutes an affirmation	on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
(In accordance with section constitutes an affirmation I am aware that any false	on 608.408(3), Florida Statutes, the execution of this document

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)

Typed or printed name of signee