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K.SALY EXAMINER JUL 24 2012

COVER LETTER

	Registration Section Division of Corporations
SUBJEC	T: Dunedin Green House LLC Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
_	Helin W. Sharp Name of Person
	Firm/Company
	2054 Broadway Ave
_	Clear Water FL 33755 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further	er information concerning this matter, please call:
_H	Name of Person at (727) 255- 2827 Area Code & Daytime Telephone Number
	Tiling Fee \$\int_{\text{S130.00 Filing Fee & Certificate of Status}}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:	E Z	FECTIVE DATE
Dunedyn Green Hou (Must end with the words "Limited Liability	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
903 Douglas Auc Dunedin F 34698	2054 Broadway 1 Charwater F.	Ave 33765
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's ered Agent. You must designate an indiv	s Signature: idual or another
The name and the Florida street address of the re	egistered agent are:	724 72
Helen Shav	P	J. F.
2054 Broadwa	ress (P.O. Box <u>NOT</u> acceptable) FL 33755	FILED L 23 AMI L ART OF
Clearwater City. Sta	FL 33755 ate, and Zip	POWDE PLATE 1: 14
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe accept the obligations of my position as regis	accept service of process for the his certificate, I hereby accept th v. I further agree to comply with rformance of my duties, and I an	ne appointment as In the provisions of all In familiar with and

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Helen Sharp 2054 Broadway Aue Clearwater Fi 33755
Use attachment if necessary)	
LE V: Effective date, if other than fective date is listed, the date mus	the date of filing: 8 1 2 (OPTION t be specific and cannot be more than five business d
EV: Effective date, if other than fective date is listed, the date mus days after the date of filing.)	the date of filing: 8 1 2 . (OPTION t be specific and cannot be more than five business d
LE V: Effective date, if other than fective date is listed, the date mus days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: 8 2 . (OPTION to be specific and cannot be more than five business dependent of a number.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees: