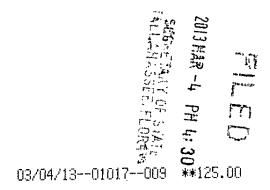


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
MAR - 5 2013
A. LUNI

Office Use Only





COVER LETTER

TO:	Registration S Division of Co			
SUBJE	CT:	GREENE M Name of Limit	A CH NE LLC ed Liability Company	
The enc	losed Articles of	f Organization and fee(s) are s	submitted for filing.	
Please r	eturn all corresp	ondence concerning this matt	er to the following:	
	R	A. GREENE	Name of Person	
•				120
_		GREENG M	A e H W LLC Firm/Company	2013 HAR -4
	42	9 SW MORNI	NG GLORY DR	(1) The (1) Th
-			Address	=
	L	AKE CITY	Address FL 32024 y/State and Zip Code Of Lom Cast notification)	PH 4: 30
		Cit	y/State and Zip Code	4
		Va gveene L E-maredddress: (to be used i	or future annual report notification)	et
For furt		concerning this matter, please		
,			at (376) 43 § -	5 3 35
	Name	of Person	Area Code & Daytime Teleph	one Number
Enclose	ed is a check for	or the following amount:		
■ \$125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status		\$160.00 Filing Fee, Certificate of Status & 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 Cir Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADDICLET	70
ARTICLE I - Name: The name of the Limited Liability Company is:	
The name of the Limited Liability Company is.	E LLC
(Must end with the words "Limited Liabi	re LLC 第二下
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
•	TE F
ARTICLE II - Address:	30
The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
MACH Many Company	1000 Many Grow Da
429 SW MORNING GLORY DR LAKE CITY, TZ 32024	1415 PITY TO 32014
FAIL (117, FL 3 200 # +	LAKE CI./
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the interest address of the interest address.	registered agent are:
R. A. GRE	ENE
Name	
429 SW MORN	IING GLORY DR
Florida street ad	IING GRAND DA dress (P.O. Box NOT acceptable)
LAKE CITY	FL 32024 tate, and Zip
City, St	ate, and Zip
liability company at the place designated in registered agent and agree to act in this capacall statutes relating to the proper and comple	accept service of process for the above stated limited this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of te performance of my duties, and I am familiar with egistered agent as provided for in Chapter 608, F.S
$\omega \omega $	She .

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM — Managing Member	R.A. GROENS 429 SW MORNING GLORY DR LAKE CITY, #32024
·	
	1 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	## ## ## ## ## ## ## ## ## ## ## ## ##
(Use attachment if necessary)	1 / A 30
CLE V: Effective date, if other than the	ist be specific and cannot be more than five business
CLE V: Effective date, if other than the effective date is listed, the date muto or 90 days after the date of filing.)	ist be specific and cannot be more than five business

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)