## 13000065116

(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:	

Office Use Only



200247488142

MAY - 3 2013

T CLINE

05/02/13--01024--022 \*\*160.00

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: GREEK GOLDE Name of	N TREE LLC of Limited Liability Company
The enclosed Articles of Organization and fee	(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
ATHANASIOS T	RIANTAF YLLOPOULOS  Name of Person
GREEK GOLDEN	TREE LLC
	Firm/Company
1140, LAVENDE	ER CIRCLE
	Address SS 2
WESTON, FL	ORIDA 33327 AR S
thanos @alignHo	City/State and Zip Code  City/State and Zip Code  Com  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code
	rio: 📜
For further information concerning this matter	r, please call:
Thomas Triantaly llopon	65 at (954) 385 8021.
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	ount:
□\$125.00 Filing Fee □\$130.00 Filing F Certificate of Sta	
Mailing Address Registration Section	Street/Courier Address  Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 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:
GREEK GOLDEN TREE '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:
1140, LAVENDER CIRCLE 1140, LAVENDER CIRCLE 33327, WESTON FLORIDA 33327, WESTON FLORIDA
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:
ATHANASIOS TRIANTAFYLLOPOULOS  Name  NAME
Florida street address (P.O. Box NOT acceptable)  OESTON FL 3532 7  City, 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)

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	Name and Address:
"MGRM" = Managing Member	
MGR	ATHANASIOS TRIANTAFYLLOPOULOS  1140 LAVENDER CIRCLE  33397 WESTON FLORIDA
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
	n the date of filing: (OPTIONAL) must be specific and cannot be more than five business days ag.)
REQUIRED SIGNATURE:	
Signature of a m	ember or an authorized representative of a member.
constitutes an affirmation I am aware that any false	on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
MAHTA	Typed or printed name of signee
Filing Fees:	SSE -
\$125.00 Filing Fee for Articles of of Registered Agent	ت ا ک ابنا
\$ 30.00 Certified Copy (Optional \$ 5.00 Certificate of Status (Optional	