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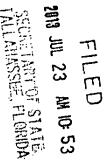
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(850) 245-6051.

## COVER LETTER . . .

	•	• -		_
TO:	Registration S Division of Co			
SUBJ		Identity LLC		
		Name of Limi	ted Liability Company	
The er	nclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please	return all corresp	oondence concerning this mat	ter to the following:	
	Molly Green	e		
	•		Name of Person	
	Greene Ider	ntity		
			Firm/Company	
	310 Australia	an Ave		
	***************************************	<del>-</del>	Address	
	Palm Beach	, FL 33480		
			ty/State and Zip Code	
	greenemolly	@yahoo.com		
		E-mail address: (to be used	for future annual report notification)	
For fu	rther information	concerning this matter, please	e call:	
Molly	y Greene		917 868-1111	
	Name	of Person	at () Area Code & Daytime Teler	phone Number
Enclo	sed is a check fo	or the following amount:		
<b>□</b> \$125	.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

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	y is:	
Greene Identity 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	ne principal office of the Limited Links	ility Compony is:
The maning address and street address of the	ie principal office of the Elimited Liab	mry Company is.
Principal Office Address:	Mailing Address:	
310 Australian AVe	310 Australian Ave	
Palm Beach, FL	Palm Beach, FL	
33480	33480	<del></del>
ARTICLE III - Registered Agent, Register		
(The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.)	Registered Agent, You must designate an individua	il or another
The name and the Florida street address of t	the registered agent are:	
Molly Greene		三 三
N	lame	- 23 - 23
310 Australian Ave		SA O
-	11 (0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.	- F C
Florida stree	et address (P.O. Box <u>NOT</u> acceptable)	

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manage "MGRM" = Manag		Name and Address:
MGR	-	Molly Greene 310 Australian Ave Palm Beach, FL 33480
	-	
	-	
<del></del>	_	<del></del>
(Use attachment if	necessary)	
LE V: Effective da  ffective date is list  or 90 days after tl	te, if other than the ed, the date must ed date of filing.)	e date of filing: (OPTIONA t be specific and cannot be more than five busines
LE V: Effective da  ffective date is list or 90 days after th  REQUIRED SIGI	te, if other than the ed, the date must be date of filing.) NATURE:	t be specific and cannot be more than five business
LE V: Effective da  ffective date is list or 90 days after th  REQUIRED SIGN  (In accordance) (In accordance) (In accordance) (In accordance) (In accordance)	ignature of a member and affirmation under that any false information under that any false information formation and any false information under that any false information under the that any false information under th	
LE V: Effective da ffective date is list or 90 days after th  REQUIRED SIGN  (In accordance constitute 1 am awa constitute	ignature of a member that any false informs a third degree felony Molly Greene	3.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
LE V: Effective da  ffective date is list or 90 days after th  REQUIRED SIGN  (In accordance constitute 1 am awa constitute	ignature of a member that any false informs a third degree felony Molly Greene	t be specific and cannot be more than five business of an authorized representative of a member.  3.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State