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## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT: Johr	P. Greene Ji	r., LLC.			
SUBJECT:	Name of Limit	ed Liability Company			
The enclosed Articles of	f Organization and fee(s) are s	submitted for filing.			
Please return all corresp	ondence concerning this matt	er to the following:			
John P	. Greene Jr.				
<del></del>		Name of Person			
John P	. Greene Jr., l	LC.			
		Firm/Company			
2021 G	ish Lane				
		Address			_
North F	ort Myers, FL		:	<b>∑</b> ∽	28
mankal00		y/State and Zip Code			<del>نن</del> نیخ
raskalod	Montmail.com	for future annual report notification)		<del> </del>	JUL  30
For further information concerning this matter, please call:					
John Gree	-	412 289-06	11	F STAT	AM (D: 39
Name	of Person	Area Code & Daytime Telepl	ione Number	<b>F</b> (F)	Š
Enclosed is a check f	or the following amount:				
□\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Certified Copy (additional copy	Status o	
	Mailing Address	Street/Courier Address			

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:	
John P. Greene Jr., LLC.		<u></u>
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
2021 Gish Lane	2021 Gish Lane	
North Fort Myers, FL 33917	North Fort Myers, FL 33917	
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Robusiness entity with an active Florida registration.)		dual or another
The name and the Florida street address of the	ne registered agent are:	CHETAR LAHASS
John P. Greene Jr.		
Na	me	
2021 Gish Lane		
Florida street	address (P.O. Box NOT acceptable)	MD: 39
North Fort Myers,	FL 33917	37
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)

## 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	John P. Greene Jr.
The second secon	2021 Gish Lane
	North Fort Myers, FL 33917
	and the second s
	<del></del>
(Use attachment if necessary)	(OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date mus	e date of filing: 8-10-2013 . (OPTIONAL) st be specific and cannot be more than five business da
CLE V: Effective date, if other than the effective date is listed, the date mus	
CLE V: Effective date, if other than the effective date is listed, the date mus o or 90 days after the date of filing.)	
CLE V: Effective date, if other than the effective date is listed, the date mus o or 90 days after the date of filing.)  REQUIRED SIGNATURE:	st be specific and cannot be more than five business da
CLE V: Effective date, if other than the effective date is listed, the date must o or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member 1985.	er or an authorized representative of a member.
CLE V: Effective date, if other than the effective date is listed, the date must of or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a mem	st be specific and cannot be more than five business date of an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document to the penalties of perjury that the facts stated herein are frue.  mation submitted in a document to the Department of Single
CLE V: Effective date, if other than the effective date is listed, the date must o or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a may	st be specific and cannot be more than five business date of an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein age frue. The mation submitted in a document to the Department of Single mation submitted in s.817.155, F.S.)
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of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)