

L14000108289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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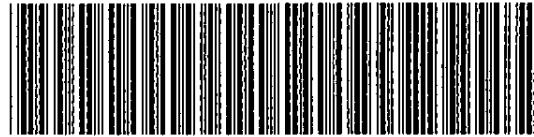
(Business Entity Name)

(Document Number)

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**DATE: 7/8/14**

**NAME: GREENMAN CAPITAL GROUP, LLC**

**TYPE OF FILING: ARTICLES**

**COST: 155.00**

**RETURN: CERTIFIED COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HOYCE**

2014 JUL -8 AM 11:21  
TO AGENCY FOR  
SUFFICIENCY OF FILING

2014 JUL -8 AM 9:08  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability company is:

Greenman Capital Group, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is

Principal Office Address

9990 Coconut Road, Suite 320  
Bonita Springs, FL 34135

Mailing Address

9990 Coconut Road, Suite 320  
Bonita Springs, FL 34135

III. - Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Christopher A. Green  
9990 Coconut Road, Suite 320  
Bonita Springs, FL 34135

*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

2014 JUL -8 AM 9:06  
CLERK OF STATE  
ALL CHARGES, FLORIDA

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

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

Title

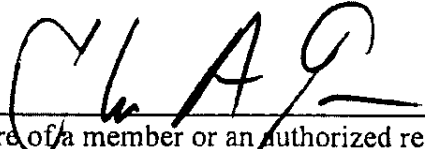
"MGRM" -Managing Member

Name and Address

Christopher A. Green  
9990 Coconut Road, Suite 320  
Bonita Springs, FL 34135

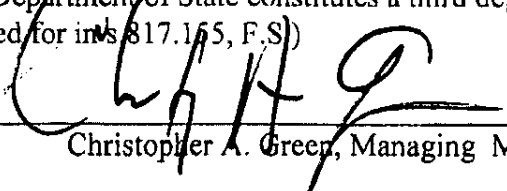
ARTICLE V: Effective date if other than the date of filing (optional)

REQUIRED SIGNATURE:

  
\_\_\_\_\_  
signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.165, F.S.)

  
\_\_\_\_\_  
Christopher A. Green, Managing Member