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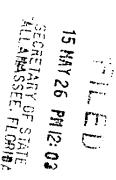
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Division of Corporations The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person ity/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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:

Green Zone Arma (Must end with the words "Limited Liabil	ment L.L.C
ARTICLE II - Address: The mailing address and street address of the principal office of	
Principal Office Address: 420 W. Indian town Road Jupiter, Florina 33458	Mailing Address: 420 W. Indiantown Road Jupiter, Floriad 33458
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent	termosa
Florida street address (P.O.	Indian town Road
Jupiter F	Florida 33458 State Zip
Having been named as registered agent and to accept service of piplace designated in this certificate, I hereby accept the appointment further agree to comply with the provisions of all statutes relating am familiar with and accept the obligations of my position as regis	rocess for the above stated limited liability company at the nt as registered agent and agree to act in this capacity. I to the proper and complete performance of my duties, and I
Registered Ag	gent Signature (REQUIRED)
·	NTINUED) Page 1 of 2 Page 1 of 2
	SEE

The name and address of each person	in actionized to manage and control the Emilieu Elability Company.
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Carlos Hermosa 420 W. Logian town road
kugo	Jupiter, Florida 33458
_#MDK	ARRY W. Imagin town top
AMRO	Gary Ahlers
	420 W. Indiantown Road
	Jayrea J. Miles SOLDO
(Use attachment if necessary)	
-	date of filing: Tupe 1.2015 (OPTIONAL)
LEV: Effective date, if other than the	(Or 110112)
	(Or 110112)
ffective date is listed, the date must be e of filing.) If the date inserted in this block does n	e specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be lis
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ARTICLE IV-