

1/8/2018

L16000004488

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H16000006420 3)))



H160000064203ABCT

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : MICHAEL J. FREEMAN, P.A.
Account Number : 072720000142
Phone : (305)442-1567
Fax Number : (305)442-1227

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TALLAHASSEE, FLORIDA

16 JAN 11 PM 12:59

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AND
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**FLORIDA LIMITED LIABILITY CO.
GREENGAR LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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January 11, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MICHAEL J. FREEMAN, P.A.

SUBJECT: GREENGAR LLC
REF: W16000001473

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

If you have any further questions concerning your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

FAX Aud. #: H16000006420
Letter Number: 116A00000594

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

GREENGAR LLC

ARTICLE II – Address:

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

Principal Office Address:

7301 SW 57th Court
Suite 565
South Miami FL 33143

Mailing Address:

7301 SW 57th Court
Suite 565
South Miami FL 33143

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TALLAHASSEE, FLORIDA

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

M.J. F. Registered Agent Corp.
Name

153 Sevilla Avenue
Florida Street Address (No P.O. Box)

Coral Gables, FL 33134
City, State, and Zipcode

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 605, F.S.,



Registered Agent's Signature
(Michael J. Freeman, President)

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

The name and address of each Manager or Authorized Member is as follows:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

AMBR

Allen R. Greenwald
7301 SW 57th Court
Suite 565
South Miami FL 33143

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

(In accordance with section 605.0203 (1) (b), 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. 817.155, F.S.)

Michael J. Freeman, authorized representative

Type or print name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization & Designation of Registered Agent
\$30.00 Certified Copy (Optional)
\$5.00 Certificate of Status (Optional)

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