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(Cit	y/State/Zip/Phone	: #)
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SECKETARIL OF STATE
LALLAHASSEE, FLORIDA

D O'KEEFE NOV 1 6 2016

COVER LETTER

	egistration Section vision of Corporations
SUBJECT	Medi-Green Investments LLC
SCIMECT	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Vanessa Valdes
	Name of Person
	Firm/Company
	2728 Davie Blvd #228
	Address
	Fort Lauderdale, FL 33312
	City/State and Zip Code
	HDZRealtyLLC@gmail.com
·	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	Vanessa Valdes 954 393-4024 at ()
	Name of Person Area Code Daytime Telephone Number
England i	s a check for the following amount:
] \$125.00 F	Siling Fee \$\sum \text{Status} \text{Siling Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Siling Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

he name of the Limited Liabili	ty Company is.			
Medi-Green Investn	ents LLC			
(Must end	with the words "Limited	Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
he mailing address and street a	ddress of the principal of	fice of the Limited	Liability Company is:	
Princip	al Office Address:		Mailing Address:	
2728 Davie Blvd #2	2728 Davie Blvd #228		2728 Davie Blvd #228	
Fort Lauderdale, FL	33312	Fort	Fort Lauderdale, FL 33312	
nother business entity with an	active Florida registration address of the registered	1.)	You must designate an individual or	
	Vanessa Valdes	Nama		
	vanessa vaides	Name		
	2728 Davie Blvd #22			
		8	cceptable)	
	2728 Davie Blvd #22	8	cceptable)	

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..

Page 1 of 2

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ECKETART OF STATE

1.4

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	_	Name and Address:	
"AMBR" = Authorized Mem	ber		
"MGR" = Manager	+	Vanessa Valdes	
AMBR	_	2728 Davie Blvd #228	
	_	Fort Lauderdale, FL 33312	
	2	Fort Lauderdale, FL 33312	
AMBR		Hector M. Hernandez Jr.	
		2728 Davie Blvd #228	
	<u> </u>	Fort Lauderdale, FL 33312	
	_	and the strategy of the strate	
	_		
	-		
	-		
	_		
(Use attachment if necessary)		
E.V. Effective data if other	han tha data affilina. N	1/01/2017	TIONALL
LE VI: Other provisions, if any			
REQUIRED SIGNATURE	Xon	authorized representative of a mem	her
	ure of a member of Al	n authorized representative of a mem	IUCI.
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