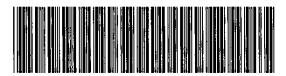
Ln000070365

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



500295786355

02/24/17--01015--014 **150.00

WI) WW 16681

MAR 3 0 2017

T. SCOTT

COVER LETTER

Division of Corporations	
SUBJECT:	REEN INTERESTS LLC
	e of Resulting Florida Limited Company)
	, Articles of Organization, and fees are submitted to convert an "Othe ited Liability Company" in accordance with s. 605.1045, F.S.
Please return all correspondence cond	cerning this matter to:
Jeff Green	
Jeff Green (Contact Person) Green Interests (Firm/Company)	LLC
(Firm/Company) 3410 Key Stave Ro (Address)	ood
_ ` ′	
Tarpon Springs f. (City, State and Zip)	,
E-mail Address: (to be used for future an	nual report notifications)
For further information concerning the	his matter, please call:
Jeff Green	at (<u>727</u>) <u>940-6780</u> (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following dollars and drawn on a bank located	amount: (All checks processed by this office must be payable in US in the United States)
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$\$155.00 Filing and Certificate of Status	
STREET ADDRESS: New Filing Section	MAILING ADDRESS: New Filing Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center	P. O. Box 6327 Tallahassee, FL 32314
Circle Tallahassee, FL 32301	Tantanassee, FL 52514





FLORIDA DEPARTMENT OF STATE Division of Corporations

March 9, 2017

JEFF GREEN 3410 KEYSTONE ROAD TARPON SPRINGS, FL 34688

SUBJECT: GREEN INTERESTS LLC

Ref. Number: W17000016681

We have received your document for GREEN INTERESTS LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

The Certificate of Conversion must be signed by an authorized person.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tyrone Scott Regulatory Specialist II

Letter Number: 917A00003740

Articles of Conversion

For '

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a L.L.C. (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of OHIO
on $\frac{7 - 6 - 2016}{\text{(date of organization, formation or incorporation)}}$ (Enter state, or if a non-U.S. entity, the name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization OREEN INTERESTS LLC.
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

17 MAR 23 AM 10: 02

	Signed this 21st day of February	_20 <u>_</u> 1 7
	Signature of Authorized Representative of Limi	
	Signature of Authorized Representative: Printed Name: Seffrey Green	Title: OWNER
	Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
7	Signature: Printed Name: Seffrey L. Green	Title: OwnER
	Signature:Printed Name:	Title:
	Signature: Printed Name:	Title:
	Signature:Printed Name:	
	Signature: Printed Name:	
	Signature: Printed Name:	Title:
	If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	corporator must sign.
	If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
	If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:
	All others: Signature of an authorized person.	
	Fees:	
	Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	TI	CL	E	I	-	N	am	e:
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The name of the Limited Liability Company is:

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Jeffrey Green Name

3410 Keystone Road
Florida street address (P.O. Box NOT acceptable)

Tarper Springs FL 34688

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..

gent's Signature (REQUIRED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
	
AMRR	$\overline{\mathcal{T}(C, 1, C)}$
FIMOR	JOHAY L'ORREN
	Tarpor Springs, Fl 34688
n effective date is listed, the date mus	he date of filing: . (OPTIONAL) at be specific and cannot be more than five business day
ricle V: Effective date, if other than the effective date is listed, the date must reto or 90 calendar days after the date. If the date inserted in this block does not meet ment's effective date on the Department of State.	at be specific and cannot be more than five business day of filing.) the applicable statutory filing requirements, this date will not be listed
ricle V: Effective date, if other than the effective date is listed, the date must reto or 90 calendar days after the date. If the date inserted in this block does not meet ment's effective date on the Department of State.	at be specific and cannot be more than five business day of filing.) the applicable statutory filing requirements, this date will not be listed
ricle V: Effective date, if other than the effective date is listed, the date must read to or 90 calendar days after the date. If the date inserted in this block does not meet ment's effective date on the Department of State. FICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of this document is executed in a maware that any false infort constitutes a third degree felon.	of filing.) the applicable statutory filing requirements, this date will not be listed 's records. er or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.
r to or 90 calendar days after the date If the date inserted in this block does not meet ment's effective date on the Department of State ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the document is executed in a may also infort constitutes a third degree felon.	of filing.) the applicable statutory filing requirements, this date will not be listed 's records. er or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.
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The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-