

L18000108749

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000141078 3)))



H180001410783ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Green Med MD LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED

2018 MAY -4 PM 4:16

FLORIDA DEPARTMENT OF STATE
DIVISION OF COMMERCIAL
REGISTRATION SERVICES

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 MAY -4 AM 9:21

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

J. FASON

MAY 07 2018

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is:

Green Med MD LLC

ARTICLE II - ADDRESS

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

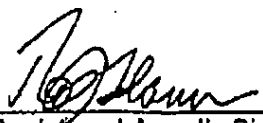
400 SE Flamingo Avenue
Stuart, FL 34996

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

The name and the Florida address of the registered agent is:

Robert J. Flowers
400 SE Flamingo Avenue
Stuart, FL 34996

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 805 F.S..



Registered Agent's Signature:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 MAY -4 AM 9:21

APPROVED
AND
FILED

ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S):

Jacqueline Montoya
400 SE Flamingo Avenue
Stuart, FL 34998

Member or authorized representative member.

IN ACCORDANCE WITH SECTION 605.0203 FLORIDA
STATUTES, THE EXECUTION OF THIS DOCUMENT
CONSTITUTES AN AFFIRMATION UNDER THE PENALTIES OF
PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

Jacqueline Montoya

Signee

