119000229497

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.

(((H19000281246 3)))



H190002812463ABC0

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

Pax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONS

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

**Enter the email address for this business entity to be used f annual report mailings. Enter only one email address plea

Email Address:_

FLORIDA LIMITED LIABILITY CO.

NADG (Green Investments) GP, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

ARTICLE I - Name:

The name of the Limited Liability Company is:				
NADG (GREEN INVESTMENTS) GP, LLC (Must contain the words "Limited Lia	bility Company "L.I.C."	or "11 C "\		
ARTICLE II Address:	, , ,	•		
The mailing address and street address of the principal office	e of the Limited Liability (lompany is:		
Principal Office Address:		Mailing Address:		
400 Clematis Street	2851 John Stre	et		
Suite 201 West Palm Beach, FL 33401	Suite One Markham, Onto	ario.L3R SR7		
ARTICLE III - Registered Agent, Registered Office, & I (The Limited Liability Company cannot serve as its own Re	Registered Agent's Signat	ure: legignate en individual or		
another business entity with an active Florida registration.)	Bracerie valent. 1 on must d	esignate an individual of	20	
The name and the Florida street address of the registered ag-	ent are:	7 8	2019 S	
Corporate Creations Net	work Inc.		SEP	Y
N	ame .			- August
11380 Prosperity Farms				1
Florida street address (P	O. Box NOT acceptable)	SEE.	2	g o
Palm Beach Gardens	FL 3	3410 m = 1	ڣ	_

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..

State

City

Seray Djidji, Special Secretary
Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

MGR Jeffrey W. Preston 400 Clematis Street, Suite 201 West Palm Beach, FL 33401 Michael Crosby 400 Clematis Street, Suite 201 West Palm Beach, FL 33401 West Palm Beach, FL 33401	Sec. ₹	West Palm Beach, FL 33401 Michael Crosby 400 Clematis Street, Suite 201 West Palm Beach, FL 33401 West Palm Beach, FL 33401	400 Champtie Street Suite 201		Member			
MGR Michael Crosby 400 Clematis Street, Suite 201 West Palm Beach, FL 33401 CO	SSET M	West Palm Beach, FL 33401 Michael Crosby 400 Clematis Street, Suite 201 West Palm Beach, FL 33401	MGR Michael Crosby Months Street, Suite 201 Months Palm Beach, FL 33401 Michael Crosby Michael Crosby Michael Crosby Months Street, Suite 201 Months Palm Beach, FL 33401 Months Palm Beach, FL 3340	. MGR		Jeffrey W. Preston		
MGR Michael Crosby 400 Clematis Street, Suite 201 West Palm Beach, FL 33401 CO	SSET M	Service of the servic	West Palm Beach, FL 33401			400 Clematis Street, Suite 201		\simeq
West Palm Beach, FL 33401	SSET M	Some Some Some Some Some Some Some Some	MGR Michael Crosby Fig. 400 Clematis Street, Suite 201 West Palm Beach, FL 33401			West Palm Beach, FL 33401	-1571	3
West Palm Beach, FL 33401	SSET M	Some Some Some Some Some Some Some Some	West Palm Beach, FL 33401	MOR		346-bar-t-0 - 3	行 號	S
West Palm Beach, FL 33401	SSET M	· · · · · · · · · · · · · · · · · · ·	West Palm Beach, FL 33401	MOK				毌
SS CT	SSET M	· · · · · · · · · · · · · · · · · · ·	West Falm Beach, FL 33401					_
	SSET M	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			West Paim Beach, FL 33401		9
			· · · · · · · · · · · · · · · · · · ·			•	Ο,	
		<u> </u>	· ^ ~ —					₽
- Ul							 	
	<u>ب نن -</u>	71\v					- 0)	ڥ
ہری کے	<u>ــ</u>						بمتلا اکے	
		<u></u>					<u> </u>	÷
								•
		9: 4						
		9: 4						
(Use attachment if necessary)				(Use attachment if neces	sary)			
of filing.)	o or 90 days af	ent if necessary) e date, if other than the date of filing:	(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	ment's effective date on	the Department of S	State's records.	, date with her c	Je nate
of filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	o or 90 days afi	ent if necessary) e date, if other than the date of filing:	(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	EVI: Other provisions, i	any.			
of filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.	o or 90 days aft	ent if necessary) re date, if other than the date of filing:	(Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (OPTIONAL) fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days aft of filing.) (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.)			$ \beta$		
of filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.	o or 90 days aft	ent if necessary) re date, if other than the date of filing:	(Use attachment if necessary) (EV: Effective date, if other than the date of filing:					—
of filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.	o or 90 days aft	ent if necessary) re date, if other than the date of filing:	(Use attachment if necessary) (EV: Effective date, if other than the date of filing:	REQUIRED SIGNATE	RE:			
of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E.VI: Other provisions, if any.	o or 90 days aft	ent if necessary) re date, if other than the date of filing:	(Use attachment if necessary) (EV: Effective date, if other than the date of filing:			/		
of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E.VI: Other provisions, if any.	o or 90 days aft	ent if necessary) re date, if other than the date of filing:	(Use attachment if necessary) (EV: Effective date, if other than the date of filing:		\times	-L//		
of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E.VI: Other provisions, if any.	o or 90 days afi	ent if necessary) re date, if other than the date of filing:	(Use attachment if necessary) (EV: Effective date, if other than the date of filing: ———————————————————————————————————	Sk	nature of a memb	arthree anthorized concernative of a mark		
the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E.VI: Other provisions, if any. REQUIRED SIGNATURE:	o or 90 days afi	ent if necessary) e date, if other than the date of filing:	(Use attachment if necessary) LEV: Effective date, if other than the date of filing:	This doc	ument is executed i	in accompance with section 605 0203 (1) (b) Fig.	AF. Ida Statutan	
the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E.VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member provision authorized representative of a member.	to or 90 days aff	edate, if other than the date of filing:	(Use attachment if necessary) E. V: Effective date, if other than the date of filing:	l am aw	re that any false inf	ormation submitted in a document to the Decortor	ida statutes.	
ithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E.VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605 0203 (1) (b). Florida Statutes.	to or 90 days aft	edate, if other than the date of filing:	(Use attachment if necessary) (E.V: Effective date, if other than the date of filing: (OPTIONAL) fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days aft of filing.) f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed iment's effective date on the Department of State's records. E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member/op for authorized representative of a member. This document is executed in Ascertance with section 605 (203.4) (b). Flored a Statutes.	constitut	es a third degree fel	onvas provided for in s 817 155 FS	nem of State	
ithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of States.	to or 90 days aft	edate, if other than the date of filing:	(Use attachment if necessary) E. Y: Effective date, if other than the date of filing:			ony do pro mode for in x017.133, 1,0.		
the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E.VI: Other provisions, if any. Signature of a member of a member of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.	to or 90 days aft	constitutes a third degree felony as provided for in s.817.155, F.S.	(Use attachment if necessary) E. Y: Effective date, if other than the date of filing:	<u>1</u>				
the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Jeffrey W. Preston	to or 90 days aft	edate, if other than the date of filing:	(Use attachment if necessary) E. V: Effective date, if other than the date of filing:		T	yped or printed name of signee	_	
the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E.VI: Other provisions, if any. Signature of a member of a member of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.	to or 90 days aft	edate, if other than the date of filing:	(Use attachment if necessary) E. V: Effective date, if other than the date of filing:			Filing Feet		
the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E.VI: Other provisions, if any. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Jeffrey W. Preston Typed or printed name of signee	to or 90 days aft	edate, if other than the date of filing:	(Use attachment if necessary) E. Y: Effective date, if other than the date of filing: [Coptional] [Extractive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days aft of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records. E. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in the secretaines with section 605.0203 (i) (b), Florida Statutes. 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. Jeffrey W. Preston Typed or printed name of signee					
the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Jeffrey W. Preston	to or 90 days affi	ent if necessary) re date, if other than the date of filing:	(Use attachment if necessary) E. V: Effective date, if other than the date of filing:	\$125.00 Filing Fee for	Articles of Organi	zation and Designation of Registered Agent		
	SSET M	\sim				West Palm Beach, FL 33401	<u> </u>	=
SS CT	SSET M	\sim	West Palm Beach, FL 33401				<u> </u>	O
West Palm Beach, FL 33401	SSET R	· · · · · · · · · · · · · · · · · · ·	West Palm Beach, FL 33401	MGR				m
West Palm Beach, FL 33401	SSET R	· · · · · · · · · · · · · · · · · · ·	MGR Michael Crosby 400 Clematis Street, Suite 201 West Palm Beach, FL 33401				- 1 - C	9
MGR Michael Crosby 400 Clematis Street, Suite 201 West Palm Beach, FL 33401 CO	SSET R	· · · · · · · · · · · · · · · · · · ·	MGR Michael Crosby 50 Michael			West Palm Beach, FL 33401	-177	\equiv
MGR Michael Crosby 400 Clematis Street, Suite 201 West Palm Beach, FL 33401 CO	SSET A	West Palm Beach, FL 33401 Michael Crosby 400 Clematis Street, Suite 201 West Palm Beach, FL 33401	MGR Michael Crosby Michael Crosby West Palm Beach, FL 33401 Michael Crosby West Palm Beach, FL 33401			400 Clematis Street, Suite 201		~
MGR Michael Crosby Mest Palm Beach, FL 33401 Michael Crosby West Palm Beach, FL 33401 West Palm Beach, FL 33401 West Palm Beach, FL 33401	SSET R	West Palm Beach, FL 33401 Michael Crosby 400 Clematis Street, Suite 201 West Palm Beach, FL 33401	400 Claringtin Street Suite 201			Jeffrey W. Preston		
MGR Jeffrey W. Preston 400 Clematis Street, Suite 201 West Palm Beach, FL 33401 MGR Michael Crosby 400 Clematis Street, Suite 201 West Palm Beach, FL 33401	SSET A	Michael Crosby 400 Clematis Street, Suite 201 West Palm Beach, FL 33401 Michael Crosby 400 Clematis Street, Suite 201 West Palm Beach, FL 33401	MGR Jeffrey W. Preston	"MGR" = Manager				
MGR Michael Crosby Mest Palm Beach, FL 33401 Michael Crosby West Palm Beach, FL 33401 West Palm Beach, FL 33401 West Palm Beach, FL 33401	SSET A	Michael Crosby 400 Clematis Street, Suite 201 West Palm Beach, FL 33401 Michael Crosby 400 Clematis Street, Suite 201 West Palm Beach, FL 33401	MGR Jeffrey W. Preston		Member			
MGR Jeffrey W. Preston 400 Clematis Street, Suite 201 West Palm Beach, FL 33401 MGR Michael Crosby 400 Clematis Street, Suite 201 West Palm Beach, FL 33401	SSEC R	Authorized Member anager Jeffrey W. Preston 400 Clematis Street, Suite 201 West Palm Beach, FL 33401 Michael Crosby 400 Clematis Street, Suite 201 West Palm Beach, FL 33401	"AMBR" = Authorized Member "MGR" = Manager MGR Jeffrey W. Preston	"AMBR" = Authorized				