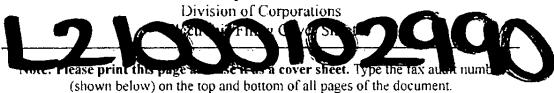
3/11/2021

Division of Corporations

Florida Department of State



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Note: DO	NOT hit the REFRESH/RELOAD button on your browser from Doing so will generate another cover sheet.	this page.	; 3	3/11/2
To: From:	Division of Corporations Fax Number : (850)617-6381 Account Name : GREENBERG TRAURIG (ORLANDO) Account Number : 103731001374 Phone : (407)418-2435 Fax Number : (407)420-5909	ZI MARCO TE STATE	FILED 2: 35	-11
ann	the email address for this business entity to be used for hual report mailings. Enter only one email address please. JCROWSON1@brighthouse.com FLORIDA LIMITED LIABILITY (1)	<u> </u>	REC 2021 HAR I	

FLORIDA LIMITED LIABILITY CO Green Tree Properties IV, I.L.C

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

From: Heather Irving

Page: 2 of 3

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Green Tree Properties IV, LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 927 S. New York Ave. P.O. Box 8875 Lakeland, FL .33803 Lakeland, FL 33806 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.)

2021-03-11 11:10:09 EST

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

Nancy J. Stanley-Crowson
Name

927 S. New York Ave.

Florida street address (P.O. Box NOT acceptable)

Lakeland
FL 33803

City State Zip

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 (REQUIRED)

(CONTINUED)

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2021 MAR 11 PH 2: 35

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	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
	Manager	Nancy J. Stanley-Crowson	
		927 S. New York Ave.	
		Lakeland, FL 33803	
			
			
			
	(Use attachment if necessary)		
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