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Division of Corporations

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From:

Account Name : DAVID C. HASTINGS, CPA, PA

Account Number : I2000000168 Phone : (727)322-0909 Fax Number : (727)610-8595

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

Email Address: DAVOCPA @ TAMORAY . R.R. LOM

FLORIDA LIMITED LIABILITY CO. GREEN PALM PROPERTIES, LLC (CREEN)

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CREEN FAM PROPERTY

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June 7, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

DAVID C. HASTINGS

SUBJECT: GREEN PALM PROPERTIES, LLC GREEN FAM PROPERTIES, LLC GREEN FAM PROPERTIES, LLC

REF: W21000081912

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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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 oall (850) 245-6052.

Tammi Cline FAX Aud. #: B21000222654

Regulatory Specialist II Supervisor Letter Number: 021A00012327

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GREEN PALM PROPERTIES, LLC GREEN FAM PROPERTIES, 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:
2814 49TH ST S	SAME
GULFPORT, FL 33707	
	·

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:

DAVID CHASTIN	GS, CPA	
	Name	
2207 54TH ST S		
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
GULPPORT	FL	33707
City	State .	Zip

Having been named as registered agent and to accept service of process for the obove 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 Senature (REQUIRED)

(CONTINUED)

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Title; "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR.	ROBERT KYLE 2814 49TH ST S GULFPÖRT, FL 33707
MGR	ANNE KYLE 2814 49TH ST S GULFPORT. FL 33707
EV: Effective date, if other than the	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the crive date is listed, the date must filling.) the date inserted in this block does next's effective date on the Department's effective date on the Department.	t be specific and cannot be more than five business days prior to or 9 is not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the crive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any.	t be specific and cannot be more than five business days prior to or 9 is not meet the applicable statutory filing requirements, this date will no
ective date is listed, the date must filling.) the date inserted in this block doe ment's effective date on the Depar EVI: Other provisions, if any. REOURED SIGNATURE: Signature This document is I am aware that ar	t be specific and cannot be more than five business days prior to or 9 is not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the crive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Department's effective date on the Department's Other provisions, if any. REOURED SIGNATURE: Signature this document is I am aware that ar	is not meet the applicable statutory filing requirements, this date will not state of State's records. If a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

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