Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RCA ACCOUNTING SERVICES CORP

Account Number : I20180000102 Phone : (305)799-7633 Fax Number : (305)406-3999

\*\*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.

## Greening Consulting LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLESOF	ORGANIZATIUN FUR	HORIDA LIMITI	DIJABILITY COMPANY	•	
ARTICLE I - Name:	i .i				
The name of the Limited Liability	y Company is:				
Greening Consulting		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(Must conta	im the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")		
ARTICLE II - Address:					
The mailing address and street ac	ldress of the principal o	ffice of the Limit	ed Liability Company is:		
Principal Office Address:			Mailing Address:		
3625 N Country Clu	b Dr. Apt 401	30	3625 N Country Club Dr. Apt 401		
Aventura FL, 33180			ventura FL, 33180		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own ective Florida registration	Registered Agen on.)	gent's Signature: t. You must designate an individua	l or	
	·	_			
	Jorge Eduardo Marco	os Vera Name			
		ivarne			
	3625 N Country Clui	b Dr. Apt 401			
	Florida street addres	s (P.O. Box <u>NO</u> T	acceptable)		
	Aventura	FL	33180	;	
	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 to further agree to comply with the provisions of all statutes relating to the proper and complete performance of my further agree and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

101 Jorge Eduando Marcos Vera Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager  MGR  Jorge Eduardo Marcos Vera  3625 N Country Club Dr. Apt 401. Aventura FL. 33180  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  Cleffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 date of filing.)  If the date inserted in this block does not meet the applicable stanutory filing requirements, this date will notice secured: seffective date on the Department of State's records.  CLE VI: Other provisions, if any, commental Consulting Services. Any and all lawful business  REOLIRED SIGNATURE:    April   Authorized   Au	Title:	Name and Address:	
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