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Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA LIMITED LIABILITY CO. GREENTREE RESIDENCES, LLC

Certificate of Status	1
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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADDICT Y COMPANY		
ARTICLE J. Name.		
The name of the Limited Lines.		
The name of the Limited Liability Company is:		
Treen-ton D. 1		
THE RESIDENCES 11		
ARTICLE II - Address: The mailing - Iddress:		
The mailing add		
Company in a company in the company		
The mailing address and street address of the principal office of the Limited Liability		
7305 SW 123 Terrace Dinecrest El 2215		
$-\frac{1005}{500}$ SW 122 T		
D. Terrace		
Pinec cost T.		
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	<u> </u>	_
Pinecrest, FL. 33156		
		_
A DYDLOU -		
ARTICLE III - Registered Agent, Registered Office:		-
The name and the Florida street address of the registered agent are: (The Limited Liability with an active Florida registered Agent. You must designate an individual or another haviness and		
with an article of the limited links of the limited links of the limited links.		
Company cannot serve as its own Registered Agent. You must designate an individual or another business entity Agent. You must designate an individual or another business entity		
Airca 7.		
Diego Tejera		
7305 SW 123 Terrace Pineurest, FL. 33156		
23 Terrace		
Dispurant -	———	
+1101est FC 33156		
A Day or -		
ARTICLE IV		
The name and title of each person authorized		
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)		
1/1000 /81000 /1/7/		
Diego Tejera - AMBR	2022	
- yago Hanna - AMILA	(2) [1]	
	- - C	
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	<u>a.</u>	4 1

Required Signatures:

Signature of a member or on authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Depa tment of State constitutes a third degree felony as provided for in s.817.155, F S.

lego lejera
Typed or printed name of signee

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 ager t as provided for

in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)