om: Vcorp Services, LLC

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-9077 Fax Number : (845)818-3588

\*\*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.

## Greenhouse 100 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Greenhouse 100 LLC

(Must end with 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:		
12353 TERRACE BLUFF ST	1 CLAYTON DRIVE		
SARASOTA, FL 33579	SPRING VALLEY, NY 10977		

## 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:

Vcorp Agent Service	es, Inc.		
	Name		•
1200 South Pine Isla	and Road		
Florida street addres	ss (P.O. Box <u><b>NOT</b></u> a	eceptable)	
Plantation	FL	33324	, j =
City	State	Zip	<u>'</u> .

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. It 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.

125	Mimi Sanik, Secretary
Registered Age	ent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

To:

Title: "AMBR" = Authorized Member	Name and Address:  Zalmen Lebron I Clayton Drive			
"MGR" = Manager				
AMBR				
	Spring Valley, NY 10977			
	Spring vancy, IVT 10717			
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Typed or printed name of signee

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Section (Optional)

\$ 5.00 Certificate of Status (Optional)