

8/18/2020

Division of Corporations

**RESUBMIT**

PLEASE GIVE ORIGINAL

SINCE THE DATE OF 08/18/20

**MA000007449**

Florida Department of

Division of Corporations

Electronic Filing Cover Sheet

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H200002846363ABC+

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195

Phone : (850)521-0821

Fax Number : (850)558-1515

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

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
GREEN KEY SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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AUG 27 2020

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Green Key Solutions, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Debra Goldberg

Name of Person

Green Key Solutions, LLC

Firm/Company

136 Madison Avenue, 7th Floor

Address

New York, NY 10016

City/State and Zip Code

dgoldberg@greenkeyllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

Debra Goldberg

347

280-6018

at

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount.

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Green Key Solutions, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

Green Key Solutions South, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New York

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(FBI number, if applicable)

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)5. 136 Madison Avenue, 7th Floor

(Street Address of Principal Office)

New York, NY 100166. 136 Madison Avenue, 7th Floor

(Mailing Address)

New York, NY 100167. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name. \_\_\_\_\_

Corporation Service Company

Office Address. \_\_\_\_\_

1201 Hays StreetTallahassee

(City)

Florida32301

(Zip code)

**Registered agent's acceptance:**

*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Corporation Service Company

By: \_\_\_\_\_

(Registered agent's signature)

KADESHA ROBERSON, ASST. VICE PRESIDENT**H20000284636 3**

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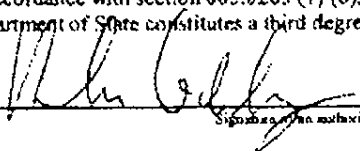
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Andrew Chayut	<input type="checkbox"/> Manager	Name: Todd Bernard
<input type="checkbox"/> Member	Address: 138 Madison Avenue	<input type="checkbox"/> Member	Address: 138 Madison Avenue
<input type="checkbox"/> Authorized	7th Floor	<input checked="" type="checkbox"/> Authorized	7th Floor
Person	New York, NY 10016	Person	New York, NY 10016
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Debra Goldberg	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 136 Madison Avenue	<input type="checkbox"/> Member	Address:
<input checked="" type="checkbox"/> Authorized	7th Floor	<input type="checkbox"/> Authorized	
Person	New York, NY 10016	Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information, submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Debra Goldberg  
\_\_\_\_\_  
Typed or printed name of signer

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# State of New York Department of State } ss:

I hereby certify, that GREEN KEY TEMP, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/17/2007, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment GREEN KEY TEMP, LLC, changing its name to GREEN KEY SOLUTIONS, LLC, was filed 11/19/2015.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 14th day of August  
two thousand and twenty.*

Brendan C. Hughes  
Executive Deputy Secretary of State

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