Bas RATON, FI 33434

| | • | Office Use Only | |
|-------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CORPORATION NAME(S) & DOCUM | IENŢ NUMBER(S), (ii | f known): | |
| 1 (1 Cheen Exple | faler | | Manage straining |
| (Corporation Name) | (Document #) | 02 SEC TALL | |
| 2. (Corporation Name) | (Document #) | AUG 23 CRETARY AHASSE | |
| 3. (Corporation Name) | (Document #) | FFLORIDE FLORIDE | Single Company of the |
| 4. (Corporation Name) | (Document#) | | |
| ☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait | Photocopy | Certified Copy Certificate of Status | |
| NEW FILINGS | AMENDMENTS | 200 00705887 2 -08/12/0201073- *****87,50 **** | 25 -005 *87.50 |
| Profit Not for Profit Limited Liability Domestication Other | Amendment Resignation of R Change of Regis Dissolution/With Merger | R.A., Officer/Director stered Agent | |
| OTHER FILINGS | REGISTRATION/O | QUALIFICATION | |
| Annual Report Fictitious Name | Foreign Limited Partners Reinstatement Trademark Other | ship | • |
| CR2E031(7/97) | | Examiner's Initials | |



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

August 14, 2002

OLGA GOMEZ 9296 NEPTUNES BASIN CT. BOCA RATON, FL 33433

SUBJECT: A GREEN EXPECTATIONS

Ref. Number: W02000023543

We have received your document for A GREEN EXPECTATIONS. However, the document has not been filed and is being returned for the following:

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of 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 call (850) 245-6934.

Loria Poole Corporate Specialist New Filings Section

Letter Number: 002A00048236

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

| ARTICLE I NAME | | T, 0 | |
|----------------------------------------------|------------------------------------|--------------------------------|----------------|
| The name of the corporation shall be: | | 02 / SEC | |
| A Green Expectation | so Coop | CRE | |
| , , , , , , , , , , , , , , , , , , , , | e corep. | TAR ASS | |
| | | | |
| ARTICLE II PRINCIPAL OFFIC | <u>CE</u> | | |
| The principal place of business and mailing | g address of this corporation sha | ull be: 50 = 1 | |
| 9296 Heptunes Basin | ct. | PH 1:51 | 5 3T |
| Boca Raton, Fl. 33433 | | <i>A</i> | र्मक्रम राज्यक |
| ARTICLE III SHARES | | | _ |
| The number of shares of stock that this corp | poration is authorized to have or | interanding of any one time in | |
| One hundred | | actioning at any one time is: | |
| | | • | |
| | | | |
| ARTICLE IV INITIAL REGIST | ERED AGENT AND STD | PPT ADDDDGG | |
| The name and Florida street address of the | initial registered agent are: | LEI ADDRESS | |
| Olga Gomez | | | |
| 9296 Heptunes Basin Ct | | | - |
| BOCA RATON, FL 33433 | | | |
| ARTICLE V INCORPORATOR | | | |
| The name and address of the incorporator | to these Articles of Incorporation | | |
| OLGA GOMEZ | and a record of the board and | Ju are: | |
| 9296 Neptunes BASIN Ct. | | | |
| BOCA RAton, FL. 33433 | | | |
| | | · | |
| Office he | | 08.03 | |
| Crosso Jan | | 8-8.02 | |
| Signature/Incorporator | 581 487 285 | Date | |
| | (561) 213 74 52 | | |

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation 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 09/09/02 Date Signature/Registered Agent