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Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 205-0381

## From:

Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**FLORIDA PROFIT CORPORATION OR P.A.****The First Greene Corporation**

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**ARTICLES OF INCORPORATION**  
**OF**

**The First Greene Corporation**

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

**ARTICLE I NAME**

The name of the corporation shall be:

The First Greene Corporation

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

430 Spring Haven Loop  
Spring Hill, Florida 34608

**ARTICLE III CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Hundred (100)

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The number and address of the initial registered agent is:

Orin O. Greene  
430 Spring Haven Loop  
Spring Hill, Florida 34608

**ARTICLE VI OFFICER(S)**

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The name(s) and street address(es) of the officer(s) to these Articles of Incorporation is(are):

President  
Otin Greene  
430 Spring Haven Loop  
Spring Hill, Florida 34608

The undersigned has(have) executed these Articles of Incorporation this 30<sup>th</sup> day of August 2005.

  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned

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corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: The First Greene Corporation.
2. The name and address of the registered agent and office is:

Orin O. Greene  
(name)

430 Spring Haven Loop  
(P.O Box NOT Acceptable)

Spring Hill, Florida 34608  
City/State/Zip

SIGNATURE   
(corporate officer)

TITLE: President  
DATE: August 30, 2005

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 HERE BY 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.

SIGNATURE: 

DATE: August 30, 2005

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