Fill in this information to identify the United States Bankruptcy Court for the North District of Florical Case number (If known):	the: All the second of the se				
Official Form 401 Chapter 15 Petition for Recognition of a Foreign Proceeding 12/15 If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write debtor's name and case number (if know					
1. Debtor's name	KATORIA GREENE				
2. Debtor's unique identifier	For non-individual debtors: Federal Employer Identification Number (EIN)				
3. Name of foreign representative(s)	Tiral 8.1 Bey				
Foreign proceeding in which appointment of the foreign representative(s) occurred	1				
5. Nature of the foreign proceeding	Check one: Foreign main proceeding Foreign nonmain proceeding Foreign main proceeding Foreign main proceeding, or in the alternative foreign nonmain proceeding				
6. Evidence of the foreign proceeding	A certified copy, translated into English, of the decision commencing the foreign proceeding and appointing the foreign representative is attached. A certificate, translated into English, from the foreign court, affirming the existence of the foreign proceeding and of the appointment of the foreign representative, is attached. Other evidence of the existence of the foreign proceeding and of the appointment of the foreign representative is described below, and relevant documentation, translated into English, is attached.				
7. Is this the only foreign	No. (Attach a statement identifying each country in which a foreign proceeding by, regarding, or against the				

proceeding with respect to

the debtor known to the

foreign representative(s)?

debtor is pending.)

Yes

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Debtor HATDR	IA GREENE Cas	se number (if known)			
8. Others entitled to notice	Attach a list containing the names and addresses of:				
	(i) all persons or bodies authorized to administer for	eign proceedings of the debtor,			
	(ii) all parties to litigation pending in the United State petition, and				
· ·	(iii) all entities against whom provisional relief is bein	(iii) all entities against whom provisional relief is being sought under § 1519 of the Bankruptcy Code.			
9. Addresses	Country where the debtor has the center of its main interests:	Debtor's registered office:			
	UNITED STATES				
		Number Street			
		P.O. Box			
		City State/Province/Region ZIP/Postal Code			
		Country			
	Individual debtor's habitual residence:	Address of foreign representative(s):			
	501 Capital Circle, N.E	Number Street Capital Carde, N.			
	P.O. Box	P.O. Box			
	Tallahassee F) 3230/ City State/Province/Region ZIP/Postal Code	TOUR DOSSEC FL 3330 V			
	United States	United States			
10. Debtor's website (URL)					
11. Type of debtor	Check one:				
	Non-individual (check one):				
	Corporation. Attach a corporate ownership described in Fed. R. Bankr. P. 7007.1.	statement containing the information			
	Partnership				
	Other. Specify:				
# No 11 to #10 to 10	☐ Individual				

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Debtor Name	A BREENE Case number (# known)	
12. Why is venue proper in <i>th</i> district?	Debtor's principal place of business or principal assets in the United States and Debtor does not have a place of business or assets in the United States, but action or proceeding in a federal or state court is pending against the debtor	t the following
	If neither box is checked, venue is consistent with the interests of justice and of the parties, having regard to the relief sought by the foreign representative	I the convenience e, because:
13. Signature of foreign representative(s)	I request relief in accordance with chapter 15 of title 11, United States C	ode.
	I am the foreign representative of a debtor in a foreign proceeding, the d relief sought in this petition, and I am authorized to file this petition.	ebtor is eligible for the
	I have examined the information in this petition and have a reasonable b information is true and correct.	elief that the
	I declare under penalty of perjury that the foregoing is true and correct, UCC1-308 Tigo ph 9	l Bed
	Signature of foreign representative Printed name Executed on 13/15/2016	
	MM / DD / YYYY	
	Signature of foreign representative Printed name	
	Executed on MM / DD / YYYY	
4. Signature of attorney	X Date	
	Signature of Attorney for foreign representative MM / DD . Printed name	YYYY
	Firm name	·
	Number Street City State ZIP (Code
	Contact phone Email address	
	Bar number State	