106000053557

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (business Limity Hame) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



800130256818

05/29/08--01026--015 **130.00

2000 HAY 29 PM 1:51
SECRETARY OF STATE
AND A HASSEE, FLORIDA

T. CLINE

EXAMINER

COVER LETTER

| TO: Registration Division of C | | | |
|--------------------------------|---|---|---|
| _{SUBJECT:} Goin | Green Earth LLC | | |
| SUBJECT: | (Name of Limited Li | iability Company) | |
| The enclosed Articles | of Organization and fee(s) are subm | nitted for filing. | |
| Please return all corres | pondence concerning this matter to | the following: | |
| Audrey Le | eAnne Williams | | |
| | (Nam | ne of Person) | |
| Goin Gre | en Earth | | |
| | (Firm | n/Company) | |
| PO Box 5 | 42405 | | |
| | (/ | Address) | , |
| Merritt Isl | and, FL 32954 | | |
| | (City/Stat | te and Zip Code) | -4 F-3 |
| For further information | concerning this matter, please call | ; | SECRE ALLAI |
| Audrey LeAnn | e Williams | 321 , 720-396 | MAY 29 CRETARY LAHASSE |
| (Nam | e of Person) | (Area Code & Daytime Tele | phone Number) |
| Enclosed is a check f | or the following amount: | | 1:55 |
| \$125.00 Filing Fee | Certificate of Status | S155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Goin Green Earth UCC | | |
|--|--|-----------------------------|
| (Must end with the words "Limite | ed Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | | |
| The mailing address and street address of | the principal office of the Limited L | iability Company is: |
| Principal Office Address: | Mailing Address: | |
| 1056 Harbor Pines Drive | PO Box 542405 | |
| Merritt Island, FL 32952 | Merritt Island, FL 32954 | |
| | | |
| ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of | vn Registered Agent. You must designate an indiv | ridual or another H |
| (The Limited Liability Company cannot serve as its ow | on Registered Agent. You must designate an indiv | vidual or another MAY 29 PI |
| (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of | on Registered Agent. You must designate an indiv | vidual or another MAY 29 PM |
| (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of | on Registered Agent. You must designate an indiversely of the registered agent are: OC. Name | vidual or another MAY 29 PI |
| (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of AME Advisors In 7435 Monterey | on Registered Agent. You must designate an indiversely of the registered agent are: OC. Name | ridual of ANASSEE, FLOR |
| (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of AME Advisors In 7435 Monterey | of the registered agent are: OC. Name Court Treet address (P.O. Box NOT acceptable) | ridual of ANASSEE, FLOR |

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. 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 as provided for in Chapter 608, F.S..

egistered Agent's Signature (REQUIRED

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> | Name and Address: | |
|--|-------------------------------------|--|
| "MGR" = Manager | | |
| "MGRM" = Managing Member | | |
| MGR | Audrey LeAnne Williams | |
| | 1056 Harbor Pines Drive | |
| | Merritt Island, FL 32952 | |
| MGRM | Jared Anthony Williams | |
| | 1056 Harbor Pines Drive | |
| | Merritt Island, FL 32952 | |
| | | ··· |
| | | |
| | | |
| | | |
| • | | |
| | | |
| | | |
| | | |
| | | 100 JS 10 |
| (Use attachment if necessary) | | CRE A |
| , | | ~ → |
| LE V: Effective date, if other than the d | ate of filing: May 27, 2008 | HOPTIQN |
| fective date is listed, the date must be s | specific and cannot be more than fi | ve business da |
| days after the date of filing.) | | |
| , | | 54 - |
| | | ÷5 |
| REQUIRED SIGNATURE: | | \$5" N |
| | | |

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Audrey LeAnne Williams

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 Status (Optional)