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(Re	equestor's Name)	
(Ad	ldress)	.
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T. HAMPTON

OCT 1 7 2008

EXAMINER

COVER LETTER

TO:	Registration Division of C	Section orporations		
CIIDI	ECT: New E	Earth Products, LLC		
3089	ECT:	(Name of Limited	Liability Comp	any)
The e	nclosed Articles	of Organization and fee(s) are su	bmitted for filin	g.
Please	return all corres	pondence concerning this matter	to the following	; :
		Aria	dna Ospin	a
		(N	ame of Person)	
			N/A	
		(F	irm/Company)	
		13900 Jo	og Rd. #2	03-189
			(Address)	
		Delray Be		
		(City/S	State and Zip Cod	e)
For fu	urther information	concerning this matter, please o	all:	
	Ariadna	a Ospina	_{at (} 954	740-1477 le & Daytime Telephone Number)
-	(Nam	e of Person)	(Area Coo	e & Daytime Telephone Number)
Enclo	sed is a check t	or the following amount:		
□\$ 125	5.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filir Certified Co (additional cop	py Certificate of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314	Registrat Division Clifton E 2661 Ex	ourier Address ion Section of Corporations Building ecutive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:				
New Earth Pr	oducts	, LLC			
(Must end with the words "Limited Li	ability Comp	eany, "L.L.C.," or	"LLC.")		
ARTICLE II - Address:					
The mailing address and street address of the	principal	office of the	Limited Liab	ility C	ompany is:
Principal Office Address:	<u>Mai</u>	ing Address:			
13900 Jog Rd #203-189	Same	•			
Delray Beach, Florida. 33446	Carre	<u> </u>	· -		
					-
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Re business entity with an active Florida registration.) The name and the Florida street address of the	gistered Age	ent. You must desi			
Ariadna Osp	ina				
Nar			,		
13900 Jog R	4 # 2 03	-189			
		O. Box NOT acc	zentable)		
Delray Beac	,	33446			
~~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~	e, and Zip	00110	<del></del>		
Having been named as registered agent and i liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	to accept s in this cert city. I fur performa	ificate, I herel ther agree to c nce of my duti	y accept the comply with the es, and I am f	appoin se prov familian	tment as isions of all with and
Registered Agent's Sig	nature (RECINUED)	QUIRED)	SECRETARY OF STATE TALLAHASSEE, FLORIDA	2008 OCT 15 A 10: 11	FILED

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:		Name and Address:	
"MGR" = Manag "MGRM" = Man			
MCKIVI — Mail	aging McInoci		
MGR		Ariadna Ospina	
		13900 Jog Rd #203-189	
		Delray Beach, Florida 33446	
MGRM		Michael Dandes	
<del>* * * * * * * * * * * * * * * * * * * </del>	<del></del>	13900 Jog Rd 203-189	
		Delray Beach, Florida 33446	
	<del></del>		
	late, if other than the	date of filing:	
` LE V: Effective of fective date is list	late, if other than the	e date of filing: be specific and cannot be more	
LE V: Effective of fective date is list days after the da	date, if other than the ted, the date must bute of filing.)		
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LE V: Effective of fective date is list days after the da	date, if other than the ted, the date must be te of filing.)  GNATURE:	e specific and cannot be more	than five busine
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