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SECRETARY OF STATE
ALLAHASSEF F. STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 30, 2008

KELLY MERRITT 1439 FREEDOM LANE NORTH PORT, FL 34286

SUBJECT: GO-GREEN SOLUTIONS, LLC

Ref. Number: W08000049782

We have received your document for GO-GREEN SOLUTIONS, LLC and going check(s) totaling \$130.00. However, the enclosed document has not been filled and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as or it is not distinguishable from the name of an existing entity. Section 608. Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other fillings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return 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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 508A00055658

COVER LETTER

• TO: Registration Division of C			
SUBJECT: Go-G	reen Solutions, LL	С	
	(Name of Limi	ted Liability Company)	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
Kelly Mer	ritt		2008 NOV 17 PH 2: 28 2008 NOV 17 PH 2: 28 SECRETARY OF STAT TALLAHASSEE, FLORE
		(Name of Person)	굞 9
Go-Gree	n Solutions, LLC		ISSI I
		(Firm/Company)	E OF PR
1439 Fre	edom Lane		2: 2 EOR LOR
		(Address)	OFF W
North Po	t FL	3428	6
	(Ci	ty/State and Zip Code)	-
For further information	concerning this matter, pleas	e call:	
Kelly Merritt		_{at} 941 \ 426-2980)
	e of Person)	(Area Code & Daytime Teley	phone Number)
Enclosed is a check to	or the following amount:		
\$125.00 Filing Fee	\$130.00 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 Ci Tallahassee, FL 32301	rcle

COVER LETTER

TO:	Registration Section Division of Corporations			a ·
CLID	FCT. Go-Green Home S	olutions. LLC		
SUBJ		of Limited Liability Comp	pany)	····
		*		
The e	nclosed Articles of Organization and f	ee(s) are submitted for filing	ıg.	
Please	e return all correspondence concerning	this matter to the followin	g:	
	Kelly Merritt			
		(Name of Person)		
	Go-Green Home Solut	tions, LLC		<u> </u>
•		(Firm/Company)		200 TA
1439 Freedom Lane		ECS SE N		
	•	(Address)	**************************************	A A A A
	North Port ' F	L 3	4286	2008 NOV 17 PM 2: 29 SECRETARY OF STATE ALLAHASSEE FLORID
		(City/State and Zip Cod	le)	H 2
For fu	rther information concerning this matt	er, please call:	•	: 29 ATE IRIDA
Kell	y Merritt	at (941	426-2980	
	(Name of Person)	(Area Co	de & Daytime Telephone N	umber)
Enclo	sed is a check for the following an	ount:		
□ \$125	5.00 Filing Fee S130.00 Filing Certificate of S previously - See Lette	tatus Certified Co	opy Certif by is enclosed) Certif	00 Filing Fee, icate of Status & ied Copy onal copy is enclosed)
	-see lett	ei	,	
	Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3	on Registrar orations Division Clifton I 2314 2661 Ex	Courier Address to Section of Corporations Building secutive Center Circle see, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:
Go-Green Home Solutions, LLC	
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1439 Freedom Lane	1439 Freedom Lane
North Port, FL 34286	North Port, FL 34286
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Kelly Merritt	egistered Agent. You must designate an individual Granother Report of the registered agent are:
	F STATE FLORID
1439 Freedom La	ne 🌃 💮 💮
Florida street	t address (P.O. Box <u>NOT</u> acceptable)
North Port	_{FL} 34286
City, Sta	ite, and Zip

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..

Registered Agent's Signature (REOUIRED)

(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:

	Title:		Name and A	ddress:			
	"MGR" = Manager "MGRM" = Manag						
ı	Executive Director		Kelly Merritt				
			1439 Freedom Lane			-	
			North Port	FL	34286	<u>-</u>	
	Manager		Heather Merritt				
	-	-	1439 Freedom L	ane		-	
			North Port	FL	34286	-	
	MGRM		Brennen Merri	itt	TALL	2008 NOV 17	-77
		-	1439 Freedom Lane		7 2		
			North Port	FL	34286		
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	(Use attachment if	necessary)					
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		d, the date must be s					ior
	days after the date		peeme and eam	not be more	than nive business	unys þi	*O1
		B./					
	REQUIRED SIGN	NATURE:					
		100 011	100.				

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.)

Kelly Merritt

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)