Division of Corporations Public Access System

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(((H09000063816 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From: .

Account Name : FASTKIT CORPORATE OUTFITS

Account Number : 071001002335

Phone : (305)599-0839

Fax Number

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

GOINGREEN DESIGNS LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

W09-12908

J. BRYAN

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March 19, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORPORATE OUTFITS

SUBJECT: GOINGREEN DESIGNS LLC

REF: W09000012908

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Joey Bryan Regulatory Specialist II FAX Aud. #: H09000063816 Letter Number: 309A00009333

MECENYED

9 MAR 20 PM 12: 45

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: GoinGreen Designs LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 4778 NW 104 AVE # 206, DORAL, FL 33178

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: Paula B. Bezdedeanu

The name and the Florida street address of the registered agent are: Pau Bezdedeanu, 4778 NW 107 AVE # 206, DORAL, FL 33178

Paula B.

Name

Paula Bezdedeanu

Florida Street address (P.O. Box NOT acceptable)

4778 NW 107 AVE # 206

City, State and ZIP Doral, FI 33178

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.

Agent Signature

O9 MAR 20 AM 8: 32
SECRETARY OF STATE

ARTICLE IV - Management (Check box if applicable)

The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager – managed company.

(An additional Article must be added if an effective date is requested)

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 porjury that the facts stated herein are true.)

<u>Paula Bezdedeanu</u>

Typed or printed name of signee

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.)

Tomas P. Traverso
Typed or printed name of signee

SECRETARY OF STATE