

FROM : LAZARUS
Division of Corporations

FAX NO. : 305 220 1440

Jun 19 2009 07:02 PM

L09000060/59

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000147054 3)))



H090001470543ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

FLORIDA/FOREIGN LIMITED LIABILITY CO.

GOGREEN ARCHITECTS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

S. HAWKES

JUN 22 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED
09 JUN 19 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H09000147054

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GOGREEN ARCHITECTS LLC

(Must end with the words "Limited Liability Company, "LLC," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:11621 SW 10 Street
Pembroke Pines
FL 33025Mailing Address:Same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

RAFAEL ESLAYA

Name

11621 SW 10 StreetFlorida street address (P.O. Box **NOT** acceptable)Pembroke Pines FL 33025

City, State, 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 (REQUIRED)

(CONTINUED)

Page 1 of 2

H09000147054

FILED
JUN 19 10 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H09000147054

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

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


Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRRAFAEL ESLAVA
11621 SW 10 Street
Pembroke Pines, FL 33025MGRDIANA NAVARRETE
11621 SW 10 Street
Pembroke Pines, FL 3302509 JUN 19 AM 9:57
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)If an effective date is listed, the date must be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)**REQUIRED SIGNATURE:**

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.)RAFAEL ESLAVA

Typed or printed name of signor

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)

H09000147054