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EXAMINER

Law Office Of

RHONDA A. ANDERSON, P.A.

2655 LeJeune Road Suite 540 Coral Gables, Florida 33134 Telephone: (305) 567-3004 Facsimile: (305) 476-9837 E-Mail:randersonlaw@gmail.com

September 18th, 2009 Sent Via U.S. Mail

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Formation of Earth Restoration Foundation, LLC

To Whom This May Concern:

Enclosed please find the Cover Letter and Articles of Organization for Florida Limited Liability Company reference above. In addition, please find enclosed check number 10912 reference the require filing fee.

Should you have any questions, please do not hesitate to call me.

Very truly yours,

Lebny Zamora, Assistant to RHONDA A. ANDERSON

COVER LETTER

	of Corporations	
SUBJECT:	GREEN VISI	ON ENVIROMENTAL, LLC
	Name of Limi	ON ENVIROMENTAL, LLC ted Liability Company
The enclosed Artic	cles of Organization and fee(s) are	
Please return all co	orrespondence concerning this ma	tter to the following:
	Rho	onda A. Anderson
		Name of Person
	Rhond	a A. Anderson, P.A.
		Firm/Company
	2655 LeJ	eune Road, Suite 540
		Address
	Cara	I Galvles/FL 33144
<u> </u>		ity/State and Zip Code
		rson@anderson-lawfirm.us
	E-mail address: (to be used	for future annual report notification)
For further inform	ation concerning this matter, pleas	e call:
Rho	onda A. Anderson	at (305) 567-3004
1	Name of Person	Area Code & Daytime Telephone Number
Enclosed is a che	eck for the following amount:	
_	Fee \$\int \\$130.00 \text{ Fiting Fee & Certificate of Status}\$	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company i	is:
GREEN VISIONS ENV (Must end with the words "Limited Lia	IRONMENTAL, LLC ability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2655 LeJeune Road, Suite 539 Coral Gables, FL 33134	2655 LeJeune Road, Suite 539, Coral Gables/FL 33144
The Limited Liability Company cannot serve as its own Rep business entity with an active Florida registration.) The name and the Florida street address of the	ed Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another e registered agent are:
	. Anderson 2 75
Florida street address (P.	Road, Suite 540 O. Box NOT acceptable)
Coral Gables/FL 3314	<u> </u>
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

Title:		Name and Address:
"MGR" = Manag		**
"MGRM" = Man	aging Member	
MGRM		Rhonda A. Anderson
	_	
		
(Use attachment	f necessary)	
LE V: Effective	late, if other than the	e date of filing: (OPTIONAL)
ffective date is list	ted, the date must b	pe specific and cannot be more than five business days p
days after the da	te of filing.)	Λ
REQUIRED SIG	NATURE:	
	Vo.	ndli
	Signature of a memb	er or an authorized representative of a member.
	(In accordance with se of this document consthat the facts stated he	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)
		Rhonda A. Anderson
	Ty	yped 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)