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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Nar	me)
(Do	cument Number)	ı
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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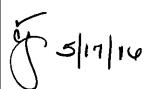




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05/09/16--01007--020 **125.00

16 HW -9 PH 1: 39



COVER LETTER

	legistration Section Division of Corporations		. •
SUBJECT	Good Earth Holdings, LLC		
SUBJECT	Name of L	imited Liability Company	
The enclo	sed Articles of Organization and fee(s)	are submitted for filing.	
Please reti	urn all correspondence concerning this r	matter to the following:	
	Bharati Dandiya		
		Name of Person	-
	Turtle River Montessori		
		Firm/Company	
	926 Maplewood Drive		
		Address	, <u>, , , , , , , , , , , , , , , , , , </u>
	Jupiter, FL 33458		
	finance@turtlerivermontessori.com	City/State and Zip Code	
		ed for future annual report notification	on)
For further i	nformation concerning this matter, plea	ase call:	
		561 745-1995)	
		Area Code Daytime Telephone	
Enclosed i	s a check for the following amount:		
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	Circle

EFFECTIVE DATE 05/03/10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				FILED	
			16 HAY -9 PM 1: 39		
Good Earth Holdings		A Linkiller Commen	y, "L.L.C.," or "LLC.")	SECVETARY OF STATE	
ARTICLE II - Address: The mailing address and street a				- Childraness Cl., PLUMIA	
Princip	al Office Address:	•	Mailing Ad	dress:	
926 Maplewood Driv Jupiter, FL 33458	re		Maplewood Drive iter, FL 33458		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own active Florida registration	n Registered Agent. on.)		individual or	
	***************************************	Name			
	3172 Casseekey Isla				
	Florida street addres	ss (P.O. Box <u>NOT</u>	acceptable)		
	Jupiter City	FL State	33477 Zip		
Having been named as registered of place designated in this certificate, further agree to comply with the pram familiar with and accept the ob	agent and to accept serv I hereby accept the app ovisions of all statutes r	ice of process for th ointment as registe elating to the prope	e above stated limited lid red agent and agree to a r and complete performa	ct in this capacity. I ince of my duties, and I	
	₩ / V C Regis	tered Agent's Sign	ture (REQUIRED)	-	

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager MGR Rohit Dandiya 3172 Casseekey Island Road Jupiter, FL 33477 MGR Bharati Dandiya 3172 Casseekey Island Road Jupiter, FL 33477 (Use attachment if necessary) (CLE V: Effective date, if other than the date of filing: May 3rd, 2016 effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days the of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list becument's effective date on the Department of State's records. CLE VI: Other provisions, if any. REQUIRED SIGNATURE Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Bharati Dandiya Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	"AMBR" = Authorized		Name and Address:		
MGR Rohin Dandiya 3172 Casseekey Island Road Jupiter, FL 33477 MGR Bharati Dandiya 3172 Casseekey Island Road Jupiter, FL 33477 (Use attachment if necessary) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (In date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lisocument's effective date on the Department of State's records. CLE VI: Other provisions, if any. REQUIRED SIGNATURE Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Bharati Dandiya Typed or printed name of signee Filing Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	MGK = Manager				
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