

N/13000000431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

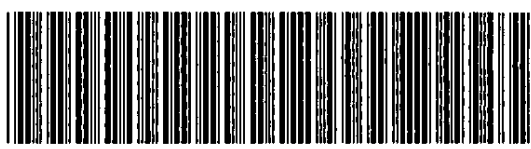
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CLERK OF STATE
TALLAHASSEE, FLORIDA

1/11

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: GREEN VISTAS FOUNDATION, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: CONNIE SIMON
Name (Printed or typed)

3165 HANGING MOSS CIRCLE
Address

KISSIMMEE, FL 34741
City, State & Zip

(407) 518-1801
Daytime Telephone number

SIMNSZZ@aol.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2013

CONNIE SIMON
3165 HANGING MOSS CIRCLE
KISSIMMEE, FL 34741

SUBJECT: GREEN VISTAS FOUNDATION, INC.
Ref. Number: W13000006781

We have received your document for GREEN VISTAS FOUNDATION, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of 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) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 413A00002686

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: GREEN VISTAS FOUNDATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

3165 HANGING MOSS CIRCLE

KISSIMMEE, FL 34741

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO EDUCATE AND TRAIN OTHERS IN SUSTAINABLE LIVING,
AND TO PROVIDE SUSTAINABLE HOUSING TO HOMELESS FORMER FOSTER
YOUNG ADULTS, AND ANY LAWFUL BUSINESS.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

INITIALLY AS APPOINTED HERE. THEN ACCORDING TO BYLAWS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CONNIE SIMON

Name and Title: PRESIDENT

Address 3165 HANGING MOSS CR.

Address:

KISSIMMEE, FL 34741

Name and Title: PAUL SIMON

Name and Title: DIRECTOR

Address 3165 HANGING MOSS CR.

Address:

KISSIMMEE, FL 34741

Name and Title:

Name and Title:

Address JAMES COSTA

Address:

6692 E. MAGNOLIA ST.

MILTON, FL 32570

FILED
13 FEB 11 PM 4:39

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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13 FEB 11 PM 4:39
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CONNIE SIMON

Address: 3165 HANGING MOSS CIRCLE
KISSIMMEE, FL 34741

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CONNIE SIMON

Address: 3165 HANGING MOSS CIRCLE
KISSIMMEE, FL 34741

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Connie Simon

Required Signature of Registered Agent

2/7/13

Date

I submit this document and affirm that the facts stated herein are true. 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.

Connie Simon

Required Signature of Incorporator

2/7/13

Date