

P10000033873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

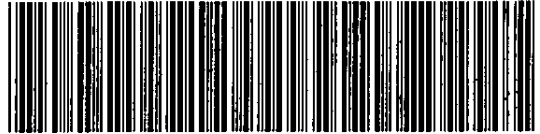
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RECEIVED APR 19 2010

Office Use Only



500176319745

04/20/10--01022--018 **78.75

2010 APR 19 PM 4:29

SECRETARY OF STATE
DIVISION OF CORPORATIONS

4/20/10

COVER LETTER

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

SUBJECT: greenpossibilities, inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Brian L. Lucrezia

Name (Printed or typed)

5291 NW North Lovett Circle

Address

Port Saint Lucie, Florida 34986

City, State & Zip

772-834-5886

Daytime Telephone number

brianlucrezia@att.net

E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 APR 19 PM 4:29

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

greenpossibilities, inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2010 APR 19 PM 4:29

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

5291 NW North Lovett Circle

Port Saint Lucie, FL 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A Multi-dimensional health and wellness company

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Brian L. Lucrezia , President

5291 NW North Lovett

Circle

Port Saint Lucie, Florida

34986

ARTICLE VI REGISTERED AGENT

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

Brian L. Lucrezia , President

5291 NW North Lovett Circle

Port Saint Lucie, Florida 34986

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Brian L. Lucrezia , President

5291 NW North Lovett Circle

Port Saint Lucie, Florida 34986

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



Signature/Registered Agent

4/17/10

Date



Signature/Incorporator

4/17/10

Date