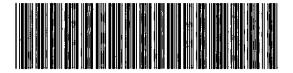
PHOWOUSTY

(Re	equestor's Name)			
(Address)				
(Ac	dress)			
(Cir	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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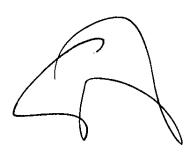
Office Use Only



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06/09/14--01019--008 **70.00

REGRETARY OF STATE FLORIDA



COVER LETTER

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

\$70.00

Filing Fee

□ \$78.75

Filing Fee

& Certificate of Status

SUBJECT: GREENER FARTH ADVISORY SERVICES INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

\$78.75

Filing Fee & Certified Copy

\$87.50

Filing Fee,

Certified Copy

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

	& Certificate of Status ADDITIONAL COPY REQUIRED
FROM:	BEN J. MALTESE Name (Printed or typed)
	7172 LEMURIA CIRCLE # 1803
	NAPLES FL. 34109 City, State & Zip
	R39 - 273 - 8700 Daytime Telephone number
Ć	BEN BENMALTESE. Com E-mail address: (to be used for future annual report notification)

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

RET : D 8



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 13, 2014

TALLAHASSEE, Francisco

BEN J MALTESE 7172 LEMURIA CIRCLE 31803 MAPLES, FL 34109

SUBJECT: GREENER EARTH ADVISORY SERVICES INC

Ref. Number: W14000036937

We have received your document for GREENER EARTH ADVISORY SERVICES INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as incorporator in the document and the person signing as incorporator must be the same.

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.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 014A00012882

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

The name of the corpora	TE tion shall be SREEN ER FA	OTH AN	150R/5F	3110=5 =	-7
7172 LEN	NCIPAL OFFICE Principal street address LURIA CIRAE#186 TORIA 34109		/ Mailing address, if diffe	rent is:	
ARTICLE III PUR The purpose for which to	POSE the corporation is organized is:	PRON	NJE AD	NISORY	
				2014 JUL 2	
The number of shares of	ARES stock is: 5000 TIAL OFFICERS AND/OR DIRECTOR			ED MAII: 33 RAY OF STATE SSEE, FLORI	f
	MICHELLE MALIESE(1) 717R LEMURIA CIRCLE UNIT 1803 NAPLES, FL. 3410	Name and Titler	SEN MAL 7172 LEMO 2NIT I NARLES,	TESE (YP) RIA CIRCL 803 FL.3410	E 7
	RACHAEL MALTISE (9) 7172 LEMURIA OR UNIT 1803 NAPLES FL. 13410	Address:	,		
Name and Title					

Name and Title:	Name and Title:	
Address	Address:	
		
ARTICLE VI REGISTERED AGENT	NOT	
The name and Florida street address (P.O. Box Name: A EN MALT	NOT acceptable) of the registered agent is:	
		_
	L. 3409	3
	•	
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
Name: MICHELLE	MALTESE # 18	
Address: 7172 LEMUK	SIA CIRCLE # 18	B-3
NAPLES F	2. 34109	
Having been named as registered agent to accep this certificate, I am familiar with and accept the		
of Wather		7/16/14
Required Signature/Re	egistered Agent	Date
I_submit this document and affirm that the fact document to the Department of State constitutes		
Michelle Ma	Mese	7/16/14
Required Signature/I	Incorporator	Date