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SECRETARY OF SECOND

FLURIDA PROFIT BENEFIT CURPURATION

COVER LETTER

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

Gre	enActionCard,Inc		
SUBJECT:	(PROPOSED CORPO	RATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the	articles of incorporation and	d a check for:
□ \$70.0 Filing Fe	0 \$78.75 e Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	Oliver D. Finnigan, 3rd		
		ame (Printed or typed)	
	Celebration, FL 34747	Address	
	770-329-1152	ity, State & Zip	
	Daytim davefinnigan@yahoo.com	e Telephone number	
•	E-mail address: (to be	used for future annual report	notification)

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

ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION

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

ARTICLE I NAME The name of the benefit corporate	GreenActionC tion shall be:	ard, Inc	
ARTICLE II PRINCIPAL O Princip 402 Elderberry Court Celebration, FL 34747	OFFICE al <u>street</u> address		Mailing address, if different is:
	enefit corporation in accordence or according to the creation is organized is to creation to reduce the components. Using rebate	ance with s. 607.603, F.S. rate a general public beneficier energy and water bill es from vendors that pro-	it and: Is and take other actions to ovide these energy and water er reductions at schools or in
	lic benefit(s) to be created b	v the corporation (in addit	ion to its general purpose) is/are as
follows (optional):		•	ds, schools, businesses and otl
organizations.			15 AP
			R-7 PH
ARTICLE IV SHARES The number of shares of stock is	100,000		2 00 S
ARTICLE V INITIAL OFF	<u>ICERS, DIRECTORS, BEN</u> r D. Finnigan, III, CEO	EFIT DIRECTOR AND I	BENEFIT OFFICER (if Applicabl
Address		Name and Title: Address:	
			
Name and Title:		Name and Title:	· · · · · · · · · · · · · · · · · · ·
Address		Address:	
			

Name and Title:
Address:
If applicable, BENEFIT OFFICER:
Name:
Address:
racceptable) of the registered agent is:
₹,,
S APR
S OF BENEFIT DIRECTOR, IF ANY:
vice of process for the above stated corporation at the place designate
vice of process for the above stated corporation at the place designate ointment as registered agent and agree to act in this capacity 4/3/2015
ointment as registered agent and agree to act in this capacity
4/3/2015 Pered Agent Date ted herein are true. I am aware that the false information submitted
ointment as registered agent and agree to act in this capacity 4/3/2015 ered Agent Date