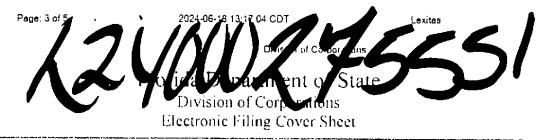
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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I2004000031 Phone : (800)906-9220 Fax Number : (800)906-9880

•*Enter	the	email .	address	for	this	busine	255	entity	to	be	used	for	futur
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Email Address:

FLORIDA LIMITED LIABILITY CO. IUFI, LLC

Certificate of Status	1
Certified Copy	U
Page Count	02
Estimated Charge	\$130,00

Electronic Filing Menu — Corporate Filing Menu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED DABILITY COMPANY.

ARTICLE I - Name:

The name of the Limited Liability Company is.

HEFT LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

3990 SW 24th Avenue, Apr 210 Gainsville, FL 32607 3990 SW 24th Avenue, Apt 210 Gainsville, FL 32607

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are

Kelby Carmelo Collins

Name

3990 SW 24th Avenue, Apr 210

Florida street address (P.O. Box NOT acceptable)

Gity State Zin

Having been named as registered agent and to accept service of process for the above stated limited hability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

/s/ Kelby Carmelo Collins

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 JUN 18 AM 9: 06

as

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR - Manager	Kelby Carmelo Collins 3990 SW 24th Avenue Apt 216 Gamsville, FL 32607
V had a	
(Use attachment if necessary)	
If an effective date is listed, the date must be s be date of filing.)	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed a tof State's records
ARTICLE VI: Other provisions, if any	Constate Steemas
REQUIRED SIGNATURE:	
	/s/ Kelby Carmelo Collins
This document is execu I am aware that any fals	nember or an authorized representative of a member, uted in accordance with section 605,0203 (1) (b). Florida Statutes se information submitted in a document to the Department of State ee felony as provided for in \$ \$17,155, F.S.
	Collins Typed or printed name of signee