



ACCOUNT NO. : 072100000032

REFERENCE : 704289 7214044

AUTHORIZATION : *Patricia Pigante*

COST LIMIT : \$ 125.00

ORDER DATE : May 19, 2000

ORDER TIME : 9:47 AM

ORDER NO. 704289-005

CUSTOMER NO: 7214044

CUSTOMER: Mr. William E. Hecker
MR. WILLIAM E. HECKER
MR. WILLIAM E. HECKER
7254 Alafia Ridge Loop

Riverview, FL 33569

DOMESTIC FILING

NAME: WILLIAM E. HECKER
BUILDERS, LLC

EFFECTIVE DATE: 11/1/2011

XX ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS:

SECRETARY OF STATE
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 MAY 23 PM 1:00 MAY 23 PM 1:03

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WILLIAM E. HECKER BUILDERS, LLC

ARTICLE II - Address:

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

7254 Alafia Ridge Loop, Riverview, Florida 33569

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

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

<u>Corporation Service Company</u>		
Name		
<u>1201 Hays Street</u>		
Florida street address (P.O. Box NOT acceptable)		
<u>Tallahassee</u>	<u>FL</u>	<u>32301</u>
City, State, and Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby 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 608, F.S..

Laura R. Dunlap
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Laura R. Dunlap
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Laura R. Dunlap
Typed or printed name of signee

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

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00 MAY 23 PM 1:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA