

## **Heritage Equities Incorporated**

4102 Whitewater Creek Road Atlanta, Georgia 30327

Telephone:

(404) 841-0605

E-mail: heritageequities@mindspring.com Mail: P.O.Box 725589, Atlanta, GA 31139

Fax:

(404) 841-9275

August 15, 2000

Florida Department of State Registration Section Division of Corporations 409 E. Gains St. Tallahassee, FL 32399

RE:

Heritage Venture-Lakeland, L.C.

000003366040 -08/21/00--01115--002 \*\*\*\*155.00 \*\*\*\*\*155.0

Dear Sir or Madam:

I inclose herewith the following:

- 1. Articles of Organization for Heritage Venture-Lakeland, L.C.
- 2. My check in the amount of \$155.00 (required filing fees of \$125.00 plus Certified Copy charge of \$30.00)

I can be reached at the addresses or numbers set out above if you have any quantities.

Unless I hear from you to the contrary, I will assume that these documents with properly registered with the Florida Division of Corporations and a certified copy mailed to me.

Thank you for your help.

Yours truly

Howe D. Whitman

onto

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

and the control of th

ARTICLE I - Name: The name of the Limited		- Lakeland, L.C.	
ARTICLE II - Address The mailing address and		principal office of the Limited Liabili	ity Company is:
P.O. Box 883 Lakeland, FL 33802-	(Mail)	2128 E. Edgewood Drive Lakeland, FL 33803	(Street)
ARTICLE III - Registe	red Agent, Registere	ed Office, & Registered Agent's Sig	gnature:
The name and the Florida	a street address of the	registered agent are:	
	Howe D. Whitma	an	
	1400 Grasslane	Name ds Blvd., Unit 37	The second secon
	Florida street addre Lakeland	ess (P.O. Box NOT acceptable)	•
		ty, State, and Zip	n tre in the second of the
statutes relating to the pr	oper and complete per	ity. I further agree to comply with the rformance of my duties, and I am fam red agent as provided for in Chapter	iliar with and
	Reg	istered Agent's Signature	SEC 6
Article IV - Manageme The Limited Liabilitherefore, a manager - m	ty Company is to be n	plicable.) nanaged by one manager or more ma	HOF Z D
			워크
(An add	litional article must be	e added if an effective date is request	red)
<u>-</u>	Signature of a member of	r an authorized representative of a memb	
(	In accordance with section	n 608.408(3), Florida Statutes, the execution	1
	Howe D. Whitma	<del></del>	و هور سيد
	Typed o	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)