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## TRANSMITTAL LETTER

TO: Registration Section	
SUBJECT: Tender Hearts (Name of Limited Liability)	Cottage, L.L.C.
The enclosed Articles of Organization and fee(s) are sub	mitted for filing.
Please return all correspondence concerning this matter t	o the following:
Lori D. Hill (Name of Person)	<del></del>
(Firm/Company)	03 AUG 13 SECKLIARY TALLAHASSE
100 Fredrick Ave. (Address)	AUG 13 AM 10: 16 AHASSEE, FLORIU
Lake Mary, FL 32746 (City/State and Zip Code)	<del></del>
For further information concerning this matter, please cal	=  1:
Lori D. Hill at (407 (Name of Person) (Area C	Ode & Daytime Telephone Number)
Registration Section Registration of Corporations Division of Corporations Division 409 E. Gaines Street P.O.	Stration Section sion of Corporations Box 6327 Thassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Lin	ne: mited Liability Company is:	Te	nder Hear	-ts (	Cottage, L.L.C.
ARTICLE II - Add The mailing address	dress: s and street address of the pri	incipal (	office of the Limit	ed Liabi	ility Company is:
Principal Office A	ddress:	~ <del>_</del> -	Mailing Addres	<u>s:</u>	
Lake M	rick Ave. ary, FL 32746			Mary	, FL 32.746
	gistered Agent, Registered			ent's Si	ignature:
The name and the F	lorida street address of the re-	_	l agent are:	. <del>1</del>	D3 AUG
	100 Fredric			. <u> </u>	SSN S
	Florida street address (P.O. La Ke Mary City, State, as	FL		: <u></u> -	AHIO: 16
V					

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..

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGRM	Lisa M. Mangus 16881 Hidden Blade Place Sanford, FL 32771			
MGRM	Patrice Santiago 660 South Sundance Drive Lake Mary, FL32746			
MGRM	Lori D. Hill 100 Fredrick Ave. Lake Mary, FL 32746			
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	7			
(Use attachment if necessary)  NOTE: An additional article must be				
REQUIRED SIGNATURE:	FLOR BO			
Signature of a member of	M. Mays 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.)				
Lisa M. Mangus  Typed or printed name of signee				
\frac{1}{2} \frac\	Filing Fees: 5100.00 Filing Fee for Articles of Organization 525.00 Designation of Registered Agent 530.00 Certified Copy (Optional) 55.00 Certificate of Status (Optional)			