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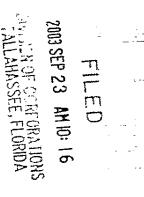
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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W03 - 2625. J. BRYAN SEP 15 2003

## TRANSMITTAL LETTER

SUBJECT: HERITAGE ACADEMY, LLC
(Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
The second of th
Please return all correspondence concerning this matter to the following:
PHIL ALLEN
PHIL ALLEN (Name of Person)
GNGERBREAD DAY SCHOOL  (Firm/Company)
(Firm/Company)
·
3324 N. MONROEST,
(Address)
11 1 NIIA 00
TALLAHASSEE, FL. 32303
(City/State and Zip Code)
For further information concerning this matter, please call:

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

TO:

Registration Section

Division of Corporations

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

(Area Code & Daytime Telephone Number)



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 15, 2003

PHIL ALLEN GINGERBREAD DAY SCHOOL 3324 N. MONROE ST. TALLAHASSEE, FL 32303

SUBJECT: HERITAGE ACADEMY, LLC

Ref. Number: W03000026297

We have received your document for HERITAGE ACADEMY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You need to complete Article I,

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 403A00051102

Joey Bryan Document Specialist THE SECTION OF THE PARTY OF THE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:  HERITAGE ACADEMY, L	-LC
ARTICLE II - Address: The mailing address and street address of the principal office.	
Principal Office Address:	ailing Address:
3314 N. MONROEST. TALLAHAGSEE, FL. 72303	SAME
ARTICLE III - Registered Agent, Registered Office, & The name and the Florida street address of the registered ag	
PHIL A LLEN Name	
	Free Comments
7508 CARRINGT Florida street address (P.O. Box NOT address (P.O. B	<u> </u>

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.

Registered Agent's Signature

(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:
MGR	PHIL ALLEN 3908 CARRINGTON DR. TALLAHAGSEE, FL. 32303
MGR	NANCY TRIPPITELLI 5241 WATER VALLEY DR. TALLAHASSEE, FL., 323
MGRM	MARILYN HORAHAN  4295 COOL EMERALD DR.  TALLAHASSEE, FL., 32303
*****	

Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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 in affirmation under the penalities of perfurmation the facts stated herein are true.

bed or printed name of signe

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

5 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Cartificate of Status (Optional)