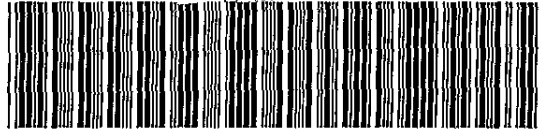


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CLERK OF STATE  
TALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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**TIMOTHY G. HAYES AND ASSOCIATES, P.A.**  
**Attorneys at Law**

Lakeview Professional Center  
21859 State Road 54, Suite 200  
Lutz, Florida 33549

FILED  
TIMOTHY G. HAYES  
Telephone (813) 949-6525 • Fax (813) 949-6433  
e-mail: tghayes@mindspring.com  
TALLAHASSEE, FLORIDA

October 16, 2003


Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Heron Cove Properties, L.L.C.**

Dear Sir or Madam:

Enclosed for filing please find the original and one copy of the Articles of Organization for the above limited liability company, along with a check in the amount \$125.00 for the filing fee and Designation of Registered Agent.

Sincerely yours,

  
DEBRAH MAYWORTH  
Legal Assistant  
HAYES & ASSOCIATES, P.A.  
21859 State Road 54, Suite 200  
Lutz, Florida 33549  
(813) 949-6525

/dm  
Encls.

**ARTICLES OF ORGANIZATION  
OF  
HERON COVE PROPERTIES, L.L.C.**

FILED  
03 OCT 20 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I -- NAME**

The name of the Limited Liability Company is: **HERON COVE PROPERTIES, L.L.C.**

**ARTICLE II -- ADDRESS**

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

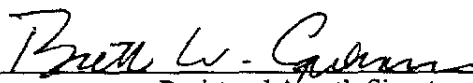
1950 Hammocks Ave.  
Lutz, FL 33549

**ARTICLE III -- REGISTERED OFFICE AND AGENT**

The name and street address of the registered agent are:

BRETT COPENHAVER  
1950 Hammocks Ave.  
Lutz, FL 33549

*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 of registered agent as provided for in Chapter 608, Florida Statutes.*

  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV -- MANAGEMENT**

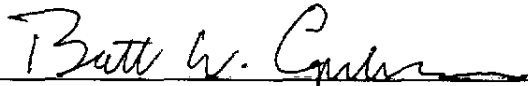
(Check Box If Applicable)

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

FILED

03 OCT 20 PM 3:10

STATE  
TALLAHASSEE, FLORIDA



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.)

\_\_\_\_\_  
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)**