

L03000045212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

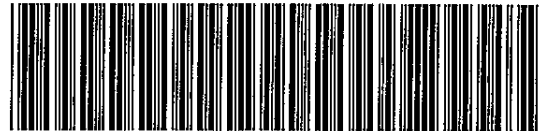
(Business Entity Name)

(Document Number)

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L03-45212
JR

EFFECTIVE DATE
11-10-03

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Douglas J. Heidenreich LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Douglas J. Heidenreich
(Name of Person)

Douglas J. Heidenreich LLC
(Firm/Company)

4012 5th St. West
(Address)

Lehigh Acres, FL 33971
(City/State and Zip Code)

For further information concerning this matter, please call:

Douglas J. Heidenreich at (239) 368-1564
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Douglas J. Heidenreich LLC

ARTICLE II - Address:

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

Principal Office Address:

4012 5th St. West

Lehigh Acres

FL 33971

Mailing Address:

4012 5th St. West

Lehigh Acres

FL 33971

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

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

Douglas J. Heidenreich

Name

4012 5th St. West Lehigh Acres FL

Florida street address (P.O. Box **NOT** acceptable)

Lehigh Acres FLORIDA 33971

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, Florida Statutes..

Douglas J. Heidenreich

Registered Agent's Signature

EFFECTIVE DATE
11-10-03

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

Douglas J. Heidenreich
4612 5th St West
Lehigh Acres, FL 33971

(Use attachment if necessary)

Article V - Effective Date 11-10-03

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

REQUIRED SIGNATURE:

Douglas J. Heidenreich
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.)

Douglas J. Heidenreich
Typed or printed name of signer

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)

Nov. 10, 2003

I affirm that I own at least 10% of Douglas J. Heidenreich LLC

signed: Douglas J. Heidenreich