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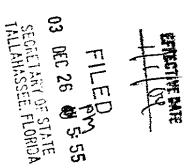
To: Registration Section Division of Corporations

#### **Enclosed is two sets of Articles of Organization**

for David J Heffner Indian River Home Services L.L.C.

Also a check to Division of Corporations for \$155.00

This is for as follows:	
Filing fee	\$100
Designation of Regisreed Agent	<u>\$25</u>
Certified Copy	30
Total	 \$155



#### TRANSMITTAL LETTER Two sets

**Pages** 

1 of 3

**December 17, 2003** 

To: Registration Section Division of Corporations

# Subject: David J. Hefner Indian River Home Services L.L.C. (Name of Limited Liability Company) Enclosed Articles of Organization and fees are submitted for filing. Please return the correspondence concerning this matter to the following. David J. Hefner (Name of Person)

## Subject: David J. Hefner Indian River Home Services L.L.C. (Firm/Company)

1905 48th Avenue (Address)

Vero Beach Fl 32966 (City/State and Zip Code)

For further information concerning this mailer, please call:

#### Arthur D. Sparks at (772) 464-8488

(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: David J. Hefner Indian River Home Service L.L.C.

#### ARTICLE II. Address:

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

Principal Office Address	Mailing Address
1905 48th Ave	1905 48th Ave
Vero Beach FI 32966	Vero Beach Fl 32966

ARTICLE III. Registered Agent, Registered Office, Registered Agent Signature

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

David J. Hefner 1905 48th Ave Vero Beach Fl 32966

Having been named a 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 statues relating to the proper and complte 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 Agents Signature

(CONTINUED)

Page 2 of 3

Potricia M. Engle
MY COMMISSION # CC957903 EXPIRES:
November 24, 2004
BONDED, THRU TROY FAIR INSURANCE, INC.,

12/22/03

**ARTICLE IV - Managing Member:** 

The name and address of the managing member is:

Title:
MGRM = Managing member

Name and Address

MGRM David J. Hefner

1905 48th Avenue Vero Beach Fl 32966

ARTICLE V - Effective date of Limted Liability Company

The effactive date is January 1, 2004.

**REQUIRED SIGNATURE:** 

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida statues the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herin are true.)

David J. Hefner

Type or printed signature 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)

Page3 0f 3

Patricia M. Engle
MY COMMISSION # CC957903 EXPIRES
November 24, 2004
BONDED THRU TROY FAIN INSURANCE, INC.

12/22/03