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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

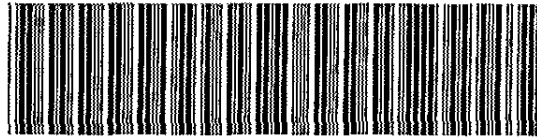
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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02/10/04--01058--001 **155.00

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| W. P. Verifier | DCC |
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Office Use Only

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Heart of Boynton 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:

David Zimet

(Name of Person)

Boynton Beach Faith Based CDC

(Firm/Company)

PO Box 337

(Address)

Boynton Beach, FL 33425

(City/State and Zip Code)

For further information concerning this matter, please call:

David Zimet

(Name of Person)

at (561) 752-0303

(Area Code & Daytime Telephone Number)

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DIVISION OF CORPORATIONS

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:

Heart of Boynton LLC**ARTICLE II - Address:**

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

Principal Office Address:

2191 N. Seacrest Blvd
Boynton Beach, FL
33435

Mailing Address:

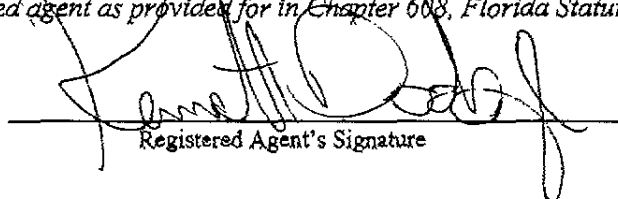
PO Box 337
Boynton Beach FL
33425

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

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

Kenneth Dodge - (Lewis, Longman, Walker, PA)
 Name
1700 Palm Beach Lakes Blvd
 Florida street address (P.O. Box NOT acceptable)
Suite 1,000
W. Palm Beach FLORIDA 33401
 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..


 Registered Agent's Signature

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DIVISION OF CORPORATIONS
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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

David Zimet

PO Box 337

Boynton Beach FL 33425

MGR

Clarence Ellington

PO Box 370

Boynton Beach FL 33425

MGRM

Boynton Beach Faith Based CDC, Inc.

PO Box 337

Boynton Beach FL 33425

MGRM

RM Lee CDC, Inc.

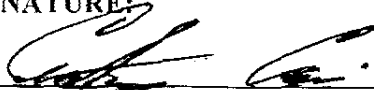
PO Box 370

Boynton Beach FL 33425

(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 an affirmation under the penalties of perjury that the facts stated herein are true.)

Courtney Cain

Typed or printed name of signee

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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)