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DANNY C Hollow (Requestor's Name)					
(Requestor's Name)					
1320 LK BAARON Lh. (Address)					
(Address)					
TAMA has see FT. 32304 (City/State/Zip/Phone #) 850-375-9202					
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Heart break. Properties (Business Entity Name)					
(Dusiness Lituty Name)					
(Document Number)					
Certified Copies Certificates of Status					
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TRANSMITTAL LETTER

Division of Corporations					
SUBJECT: HEARTBREAK PROPERTIES, L.L.C.					
(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:					
DANNY C HOLLON					
(Name of Person)					
(Firm/Company)					
1320 LAKE BRADFORD¥ _ ROAD					
(Address)					
TALLAHASSEE, FL 3230 식					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
LOUIS A JONES CPA at 850-893-8811 (Area Code & Daytime Telephone Number)					

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

TO:

Registration Section

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:

	HEARTBREAK PROPERTIES, L.L.C	<u> </u>		<u> </u>
	ARTICLE II- Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
	Principal Office Address:	Mailing Address:		•
	1320 LAKE BRADFORD ROAD	SAME	:	
	TALLAHASSEE, FL 32304	SAME		
ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature; The name and the Florida street address of the registered agent are:				SECRETARY ALLAHASS
DANNY C HOLLON Name 1320 LAKE BRADFORD ROAD Florida street address (P.O. Box not acceptable)			AM IO: 2	EP STA
			2	DH A
	TALLAHASSEE, FL 32304		· 14	
	~ =			

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 provide for in Chapter 608, Florida Statutes..

Page 1 of 2 (CONTINUED)

ARTICLE V-EFFECTIVE DATE

THE EFFECTIVE DATE OF THE LLC SHALL BE MARCH 31, 2004

ARTICLE VI-DURATION

THE PERIOD OF DURATION FOR THE LLC SHALL BE - PERPETUAL

ARTICLE VII-ADMISSION OF ADDITIONAL MEMBERS

THE RIGHT, IF GIVEN, OF THE MEMBERS TO ADMIT ADDITIONAL MEMBERS AND THE TERMS AND CONDITIONS OF THE ADMISSION SHALL BE:

UNANIMOUS CONSENT MUST BE GIVEN BY THE MEMBERS TO ADMIT A NEW MEMBER, ASSIGN AN INCOME INTEREST IN THE LLC, MAKE DISTRIBUTIONS, OR OBLIGATE THE LLC IN ANY MANNER.

ARTICLE VIII-THE PURPOSE OF THE LIMITED LIBILITY COMPANY IS:

TO BUY, HOLD, TRADE, SALE, RENT AND MANAGE REAL ESTATE PROPERTIES AND ANY OTHER ACTIONS THAT THE MAJORITY OF THE MEMBER'S AGREE UPON,

ARTICLE IX-MEMBERS RIGHTS TO CONTINUE BUSINESS

THE RIGHT, IF GIVEN, OF THE REMAINING MEMBERS OF THE LLC TO CONTINUE THE BUSINESS ON THE DEATH, RETIREMENT, RESIGNATION, BANKRUPTCY, OR DISSOLUTION OF A MEMBER OR THE OCCURRENCE OF ANY OTHER EVENT WHICH TERMINATES THE CONTINUED MEMBERSHIP OF A MEMBER IN THE LLC SHALL BE:

THE LLC SHALL BE DISCONTINUED AND DISSOLVED UPON THE OCCURANCE OF ANY OF THE ABOVE MEMTIONED EVENTS, WITH THE EXCEPTION OF BANKRUPTCY, AS THEY MAY APPLY TO ANY MEMBER.

ARTICLE X- Manager(s) or Managing Member(s):

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.60 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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

Typed or printed name of signee

that the facts stated herein are true.)