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FILED
2004 JUN 24 PM 2:43
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

W04-23254
J. BRYAN JUN 16 2004

J. BRYAN JUN 24 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEART OF VICTORY, 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:

JAMES G. SORICELLI

(Name of Person)

HEART OF VICTORY, LLC

(Firm/Company)

629 BANKS RD.

(Address)

MARGATE, FLORIDA 33063

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES G. SORICELLI

(Name of Person)

954-978-9009

(Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 16, 2004

JAMES G. SORICELLI
HEART OF VICTORY, LLC
629 BANKS RD.
MARGATE, FL 33063

SUBJECT: HEART OF VICTORY, LLC
Ref. Number: W04000023254

We have received your document for HEART OF VICTORY, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 704A00040297

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

HEART OF VICTORY, LLC

ARTICLE II - Address:

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

Principal Office Address:

629 Banks Rd., Margate, Florida 33063

Mailing Address:

Same

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

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

James G. Soricelli

Name

629 Banks Rd.

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

Margate

FLORIDA 33063

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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TALLAHASSEE, FLORIDA

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:

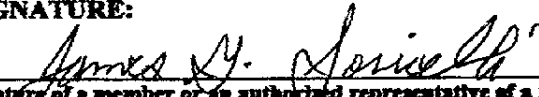
MGRM

JAMES G. SORICELLI

(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.)

JAMES G. SORICELLI

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)