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SECRETARY DESTAIR DE

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TRANSMITTAL LETTER

TO: Registration Sect Division of Corporations	ion					
SUBJECT:	Florida Heritage Ventures, LLC					
	(Name of Lin	nited Liability Company)				
The enclosed Articles of C	Organization and fee(s) are	submitted for filing.				
Please return all correspor	ndence concerning this mat	ter to the following:				
J. Stanley	Chapman					
	(Name of Person)	•	3			
			ASE 02			
			FS =			
Ervin, Chap	man & Ervin		HE W			
	(Firm/Company)		SSIO			
			me 7			
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P.O. Drawer			OL JUN 30 PM 3: 31 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
	(Address)		D.Y.			
Tallahassee	e, Florida 32302		·			
	(City/State and Zip Code)					
For further information co	oncerning this matter, pleas	e call:				
Stan Chapma	ın	at (850) 224-9135	·			
(Name o	f Person)	(Area Code & Daytime Telephone Number)				
STREET ADDRESS:		MAILING ADDRESS:				
Registration Section		Registration Section				
Division of Corporations	vision of Corporations Division of Corporations					
409 E. Gaines Street	Δ.	P.O. Box 6327				
Tallahassee, Florida 32399 Tallahassee, Florida 32314						

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:						
Florida Heritage Ventures, LLC							
ARTICLE II - Address: The mailing address and street address of	of the principal offic	ce of the Limite	ed Liability Company is:				
Principal Office Address:	<u>M</u>	lailing Addres	<u>s:</u> .				
223 South Gadsden Street		1484 Mitchell Avenue					
Tallahassee, Florida 32301		Tallahasse	e, Florida 32303				
ARTICLE III - Registered Agent, Reg	gistered Office, &	Registered Ag	ent's Signature:				
The name and the Florida street address	of the registered ag	gent are:					
J. Stanl	ley Chapman	•	OL JUN SECRET				
Name							
223 Sout	th Gadsden Stree	et.	30 ASSI				
Florida street add	dress (P.O. Box <u>NOT</u> a	cceptable)	- F - R				
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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, F.S..

Registered Agent's Signature

City, State, and Zip

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

MGRM	Beth J. LaCivita		
	1484 Mitchell Avenue Tallahassee, Florida 32303	- - -	**
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	ASSET OF S	30 PM	
	ORIDA	: 32 : 32	
(Use attachment if necessary)		• ,	
NOTE: An additional article	e must be added if an effective date is requested.		

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.)

Beth J. LaCivita

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)