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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

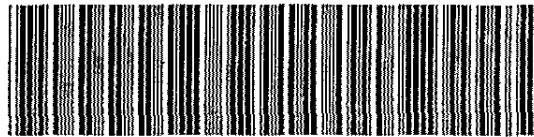
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F I L E D

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hearts and Hands of the Treasure Coast, 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:

D. Irene Moodie

(Name of Person)

same

(Firm/Company)

1255 35th Avenue

(Address)

Vero Beach, Florida 32960

(City/State and Zip Code)

For further information concerning this matter, please call:

Rick Weaver

(Name of Person)

at (772) 299-7077

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

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FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hearts and Hands of the Treasure Coast, 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:

130 DelMonte Street
Fort Pierce, Florida 34946

Mailing Address:

1255 35th Avenue
Vero Beach, FL 32960

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

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

D. Irene Moodie

Name

1255 35th Avenue

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

Vero Beach

FL

32960

City, State, and Zip

Having been named as registered agent and to accept service of process for the above-named 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.

D. Irene Moodie

Registered Agent's Signature

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FLORIDA
PH 3:28

(CONTINUED)

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

D. Irene Moodie

1255 35th Avenue

Vero Beach, FL 32960

MGR

William A. Sunderlin

130 DelMonte Street

Fort Pierce, Florida 34946

(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.)

William A. Sunderlin

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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D. Irene Moodie

Registered Agent's Signature

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(CONTINUED)

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