

L0500003350B

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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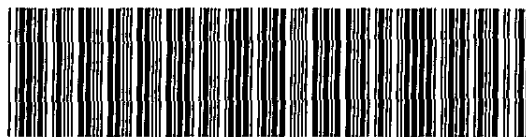
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T. Brumbley APR 6 2005

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HEATHBROOK PARTNERS, 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 R. MUELLER  
(Name of Person)

SLAGLE, BERNARD & GORMAN, PC  
(Firm/Company)

4600 MADISON AVENUE, SUITE 600  
(Address)

KANSAS CITY, MISSOURI 64112  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JAMES R. MUELLER at ( 816 ) 410-4600  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

**HEATHBROOK PARTNERS, L.L.C.**

**ARTICLE I - Name:**

The name of the Limited Liability Company is Heathbrook Partners, L.L.C..

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is 6412 High Drive, Shawnee Mission, Kansas 66208.

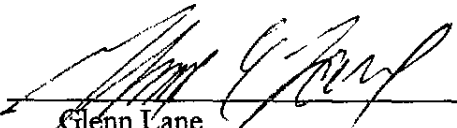
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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


Glenn Lane  
Name  
10935 SE 177<sup>th</sup> Place, #305  
Florida street address (P.O. Box NOT acceptable)  
Summerfield, Florida 34491  
City, State, and Zip

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

*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.*

By   
Glenn Lane  
Registered Agent's Signature

Reintjes Holdings, L.L.C.

By   
Signature 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.)

Reintjes Holdings, L.L.C., by Mary P. Reintjes, Member  
Typed or printed name of signee