L05000070723

(Requestor's Name)				
(Address)				
(Address)				
,				
(City/State/Zip/Phone #)				
(Oily/Otate/21p/) Holle #)				
☐ PICK-UP ☐ WAIT ☐ MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



600057187586

07/13/05--01034--018 **160.00

DIVISION OF CORPORATIONS
05 JUL 13 PH 12: 49

TRANSMITTAL LETTER

TO: Registration Sec Division of Cor				
SUBJECT: S&SHe	aton Limited Liability Comp			
	(Name of Limited	Liability Company)		
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	Sandra I Heato	on		
	, , ,	Jame of Person)		
	₹ 1			
	(1	Firm/Company)		
	2922 Nicholas Ln.		ے	, 0
(Address)			SECRETARY SPORATION OF CORPORATION	
			Č	三 多常
	Apopka, Fl. 32703		Č	ઝ [∓] ેટ્ર
 -		State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	고 품
	, .		i	\(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(1
For further information concerning this matter, please call:			SECRETARY SPARATIONS DIVISION OF CORPORATIONS	
				cn.
Sandra Heaton		at (407 421-2229		
(Name	of Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a check fo	r the following amount:		. 4 € € 24	
□ \$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing F Certificate of Status Certified Copy (additional copy is enclo	&
	ET ADDRESS: ration Section	MAILING A Registration S		

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 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:						
S & S Heaton Limited Liability Company						
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liabi	lity Comp	any is:			
Principal Office Address:	Mailing Address:					
2922 Nicholas In.	2922 Nicholas In.					
Apopka, FI 32703	Apopka, FI 32703					
The name and the Florida street address of the registered agent are: Sandra I Heaton		05 JUL	SECRET DIVISION			
	Name	$\bar{\omega}$	PRICE OF THE PRICE			
2922 N	icholas Ln	2	350 50 50 50 50 50 50 50 50 50 50 50 50 5			
Florida street address (P.O. Box NOT acceptable)		PH 12: 49	STA A			
Apopka, FI 32703 _{FL}		64	27			
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and complete.	ed in this certificate, I hereby accept the appacity. I further agree to comply with the ete performance of my duties, and I am fast registered agent as provided for in Chap	ppointmen provision miliar with	nt as ns of all h and			

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Sandra I Heaton
	2922 Nicholas In
	Apopka, FI 32703
MGRM	Jeffrie Scott Heaton
	2922 Nicholas In
	Apopka, Fl 32703
(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.)

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)

05 JUL 13 PH 12: 40