L05000081182

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





300058176033

08/17/05--01028--006 **125.00

LLC

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SECORE TARY INF SEX.

OS AUG 17 AM II: 4

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

G.	Heritage	Financial	Group

Signature

Requested by

Name

Walk-In

SALL TRAISE STATES

Art of Inc. File_____

Foreign Corp. File____

Fictitious Search_

UCC 1 or 3 File__ UCC 11 Search_

UCC 11 Retrieval___

Courier_

Fictitious Owner Search_____

LTD Partnership File_____

	L.C. File
	Fictitious Name File
	Trade/Service Mark
Cile 2nd	Merger File
· 2xc	Art, of Amend. File
/\0	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search

Time

Will Pick Up

ARTICLES OF ORGANIZATION FOR	FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company	is:
, , ,	
G. HERITAGE FINANCIAL GRO	DUP LIC SE S
ARTICLE II - Address:	
The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
ECAD C W 13E NURWIE #30C	ברסט כ ש ממב אינים שונים במה ביים ביים ביים ביים ביים ביים ביים ביי
5600 S.W. 135 AVENUE #206	5600 S.W. 135 AVENUE #206 MIAMI, FL 33185
MIAMI, FL 33185	MIAMI, FL 33185
The name and the Florida street address of the	C C
Na	
5600 SW 135 AVE Florida street	#206, address (P.O. Box NOT acceptable)
MIAMT City, Stat	FL 33185 te, and Zip
liability company at the place designated a registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as with I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S

(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	Name and Address:
"MGRM" = Managing Member	
MGR	ZULY GUERRERO
	5600 SW 135 AVE, #206 MIAMI, FL 33185
MGRM	ZULLY I. GUERREO
	5600 SW 135 AVE,#206
	MIAMI, FL 33185
MGRM	CARLOS TORREALBA
	5600 SW 135 AVE, #206
	MIAMI, FL 33185
MGRM	ZULLY M. TORREALBA
<u> мастия</u>	5600 SW 135 AVE, #206
	MIAMI, FL 33185
(Use attachment if necessary)	
(Osc attachment if necessary)	N
NOTE: An additional article must be	added if an effective date is measurated
NOTE: All additional article must be	added it an enective date is requested.
DEOLUBED CICNATURE.	$\mathcal{O}(M)$
REQUIRED SIGNATURE:	
	- H IVII
	7111/1/04/
Signature of a mamber or	an authorized representative of a member.
Dignizere of a method of	he enchanged the extinuers of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

ZULLY I. GUERRERO
Typed or printed name of signee

August 16, 2005

Secretary of State Division of Corporations

Re: G. Heritage Financial Group, Inc.

Dear Secretary of State:

This is to inform to you that I will not reinstate the above named corporation, and will approve this name for an LLC in the same name.

very truly yours.

Zully I Guerrero