

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone

Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SHARON HEDDISH, LLC

Certificate of Status	0
Certified Copy	1, 1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H06000125421 3)))

APTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
SHARON HEDDISH, LLC	
Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	•
	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Timerpar Office readings	A.C. C.
75 N. Edgewood Road	75 N. Edgewood Road
Bedminster, NJ 07921	Bedminster, NJ 07921
ARTYCLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r	ered Agent. You must designate an individual or another
Sharon Heddish	
Name	
10818 Ibis Reserve Cin	ole
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
West Palm Beach,	FL 33412
City, State, a	nd Zip
liability company at the place designated in t	accept service of process for the above stated limited his certificate, I hereby accept the appointment as

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 (REQUIRED)

(CONTENUED) Page 1 of 2

(((H06000125421 3)))

SECHETAL JE STATE

APPROVED

(((H06000125421 3)))

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

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

MGRM	Sharon Heddish
	75 N. Edgewood Road
	Bedminster, NJ 07921
•	
·	
(Use attachment if necessa	ry)
ICLE V: Effective date, if oth	er than the date of filing: (OPTIONAL)
n effective date is listed, the da 90 days after the date of filin	te must be specific and cannot be more than five business days pri

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.)

Sharon Heddish
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)

Page 2 of 2

(((H06000125421 3)))

SECREDIA DE STATE.