Lacoo084/33

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

Office Use Only



900078978219

08/28/06--01001--003 **260.00

OG AUG 25 PM 2: 11
SECTIONARY OF STAIL
AHASSEE, FLORIDA

06 AUG 25 PM 2: 06

BEPARTHENS OF STATE
INTERNATIONS
TALLAHASSEE FI FORM

RECEIVED

3. BEYAN AUG 2.5 2006

COVER LETTER

	TO: Registration Section Division of Corporations
	SUBJECT: Green Heron Glen Properties 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:
	D. Lance Langston
	(Name of Person)
	(Firm/Company)
	300 E. Park Avenue
	(Address)
	Tallahassee, FL 32301
	(City/State and Zip Code)
	For further information concerning this matter, please call:
	D. Lance Langston at (850) 561-5050 (Name of Person) (Area Code & Daytime Telephone Number)
	Enclosed is a check for the following amount:
[\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$(additional copy is enclosed)\$\$ \$125.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•
The name of the Limited Liability Company is	= 0 9
	The state of the s
Green Heron Glen Properties LLC	
(Must end with the words "Limited Liability Company, "Limit	ted Company" or their abbreviation "LLC," or "L.C,")
ARTICLE II - Address:	100 3 P
The mailing address and street address of the p	rincipal office of the Limited Liability Changany is:
The manning address and street address of the p	Timospur office of the Emined Emonity Company is
Principal Office Address:	Mailing Address:
300 E. Park Avenue	c/o D. Lance Langston
Tallahassee, FL 32301	300 E. Park Avenue
	Tallahassee, FL 32301
The name and the Florida street address of the D. Lance Langston	registered agent are:
. Name	
300 E. Park Avenue	
	dress (P.O. Box NOT acceptable)
	· · · · · · · · · · · · · · · · · · ·
Tallahassee, City, State,	FL 32301
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S
Registered Agent's Signa	ture (PEOLUPED)

(CONTINUED) Page 1 of 2

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

en ja kan di sebagai kecala

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

Gordon Klemme
300 E. Park Avenue
Tallahassee, FL 32301
Phyllis L. Mueller
24282 Via Aquara Avenue
Laguna Niguel, CA 92677
7
·
than the date of filing: (OPTIONAL)
must be specific and cannot be more than five business days

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.)

D. Lance Langston

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)