Electronic Filing Cover Sheet

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(((H06000254715 3)))



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To:

Division of Corporations

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number: I20000000146 : (305)444-4994 Phone

Fax Number

: (305) 444-4977 rite e geograpio, e di esteva

FLORIDA/FOREIGN LIMITED LIABILITY CO.

HEIGHTS CUSTOM HOMES, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

10/18/2006

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Compa	any is:		•
HEIGHTS CUSTOM HOMES, LLC			
(Must and with the words "Limited Liability Company	"Limited Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Comp	pany is:	
Principal Office Address:	Mailing Address:		
2325 S.E. 16th Street	2325 S.E. 16th Street		
CAPE CORAL FL 33990	CAPE CORAL FL 33990		
(The Limited Liability Company carnet serve as its or business only with an active Florida registration.)	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another	OG OCT I	
The name and the Florida street address a	of the tegistered again are:	SSE SSE O	
MICHAE	L S. SCROGGINS	HS R	Parket I
	Name		£ 2 }
2325 8.	E. 16th Street	1083 1083 1083 1083 1083 1083 1083 1083	
Florids s	treet address (P.O. Box NOT acceptable)	要がな	

33990

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.

City, Store, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1st2

CAPE CORAL

(((H06000254715)))

<u>litie:</u> 'MGR" = Manager 'MGRM" = Managing Momber	Name and Address:
MGRM	MICHAEL 8. SCROGGINS
	2325 S.E. Yeth Street
	CAPE CORAL FL 33990
	,
	•
(Use attachment if necessary)	
(Cat accening in increasery)	
LEV: Effective date, if other than the	ne date of filing: (OPTIONAL
	be specific and cannot be more than five business days
	- -
fective date is listed, the date must days after the date of filing.)	•
days after the date of filing.)	
days after the date of filing.) REQUIRED SIGNATURE:	
days after the date of filing.) REQUIRED SIGNATURE:	eraker or an authorized sepresentative of a member.
days after the date of filing.) REQUIRED SIGNATURE:	entier er an authorized representativa of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of penjury

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)

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