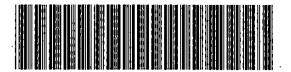
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: David Heerema 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:
David J. Heerema
(Name of Person)
TAIL
1412 Milton St
1412 Milton St ASS 6 Tallahassee FL 323036 20 City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
David Heereing at (850) 980 - 3078 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
ρ \$125.00 Filing Fee ρ \$130.00 Filing Fee & ρ \$155.00 Filing Fee & ρ \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: David Heerewa LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "LC.,") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address:

1412 Milton St.	Same
Tallahassee, FL	
32305	
ADTICLE HE D. C.A A. D. C.A.	. I O CC

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

Name

1412Milton St.

Florida street address (P.O. Box NOT acceptable)

141/4hassee FL 32303

City. State, and Zip

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)

(CONTINUED)

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGRM" = Managing Member	David Heerema 1412 Milton St. Tallahassee, FL 33303
·	TAFE 86
	HASSE P
	E.F. ORI
(Use attachment if necessary)	Dr. P
CLE V: Effective date, if other than the	he date of filing: (OPTIONAL st be specific and cannot be more than five business

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.)

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)