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Certified Copies	Certificates of Status		
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Office Use Only



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Effective Date 40107

SECRETARY OF STATE

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COVER LETTER

Registration Section

TO:

Division of Corpo	orations		
SUBJECT: HOZ	MESCHOOLIA (Name of Limited	V6 FROM TA I Liability Company)	IE HEART, LL
The enclosed Articles of C	Organization and fee(s) are su	ibmitted for filing.	,
Please return all correspon	dence concerning this matter	r to the following:	
<u>CYNT</u>	HIA PREC	Name of Person)	
		ROM THE HE.	ART, LLC
1241	WENDELL	AVENUE (Address)	
NORTH	FORT MYE	State and Zip Code)	303
For further information co	ncerning this matter, please	call:	
CYNTHIA (Name of	PRECHTEL (Person)	at (239) 876 (Area Code & Daytime Te	- 738Z lephone Number)
Enclosed is a check for	the following amount:		
	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	Effective Date HUND
HOME SCHOOLING FROM (Must end with the words "Limited Liability Company, "Limited	THE HEART, LLC. Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1741 WENDELL AVENUE NORTH FORT MYERS, FL 33903	1241 WENDELL AVENUE NORTH FORT MYERS, FL 3390
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
CYNTHIA PRE Name	CHTEL
1241 WENDELL Florida street addr	ress (P.O. Box NOT acceptable)
AJORTH FORT MYERS City, State, and	SFL 33903 nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	2007 APR -2 SECRE TARY TALLAHASSE
(CONTINU Page 1 of 2	

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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 "MGRM" = Managing Member	Name and Address:
_M6 RM	CYNTHIA PRECHTEL 1741 WENDELL AVENUE NORTH FORT MYERS, FL 33903
	CLARENCE PRECHTEL 1241 WENDELL AVENUE NORTH FORT MYERS, FL 33903
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: 4/1/2007. (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a member	WMa Luckter r or an authorized representative of a member.
(In accordance with sec of this document consti that the facts stated h	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.)
<u> </u>	ped or printed name of signee
Filing Fees: \$125.00 Filing Fee for Articles of Orgal of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	E P M