15700041264

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
` PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
LLC				

Office Use Only



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UST 15683

02/01/07--01004--001 **78.75

04/16/07--01001--011 **46.25

07 APR 17 AM 9: 44



March 27, 2007

MARVIN HEENAN 485 N PINE ISLAND RD #A201 PLANTATION, FL 33324

SUBJECT: HEENAN EXPRESS LLC Ref. Number: W07000015033

We have received your document for HEENAN EXPRESS LLC and check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$46.25. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Letter Number: 007A00020816

Gina McLeod Document Specialist

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: HEENAN EXPRESS L.L.C. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	d a check for:	-
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
	•	ADDITIONAL CO]
FROM:	Marvin H	EENAN Printed or typed)		
	485 N Ping	E ISLAND,	<u>Rd</u> #	A201
	PLANTATION City,	FLA Z	33324	
	754- 214 Daytime To	12882 elephone number		

NOTE: Please provide the original and one copy of the articles.

COVER LETTER

Registration Section

TO:

Division of Corporations					
SUBJECT: HEENAN EXPRESS L.L.C. (Name of Limited Liability Company)					
(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:					
MARUIN HEENAN (Name of Person)					
(Name of Person)					
HEENAN EXPRESS LLC (Firm/Company)					
(Firm/Company)					
485 N PINE ISLAND Ed A 201 (Address)					
(Address)					
DLANTISTION, EL, 33324					
PLANTINO , FL. 33324 (City/State and Zip Code)					
For further information concerning this matter, please call:					
MARUTH HEENDO at (TA) 214 Z88Z (Name of Person) (Area Code & Daytime Telephone Number)					
(Name of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\text{Certified Copy (additional copy is enclosed)}\$\$ 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

ARTICLI	E I - Name:
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The name of the Limited Liability Company is:

HEENDN EXPRESS LLC

(Must end 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 the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:		
1054 ps chala 3079 40 FT 33334	ASE N PONE ISLANDED AZON DIDNIBLION, FL. 33324.		

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:

MARJIH HEENDH				
Name				
105 \$ ES QUOISI 3499 (1784				
Florida street address (P.O. Box NOT acceptable)				
Plantation FL 33324.				
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) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member MARY HENDY ARY PROE (SLAND OF ACT PROE (SLAND OF AC

REQUIRED SIGNATURE:

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.)

MARIAN HEENDL

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)