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SECRETARY OF STATE
ALLAHASSEE, FINATE

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COVER LETTER

TO:

Registration Section

Division of Corp	porations			
subject: <u>На</u>	den Valley = (Name of Limited	<u>Lnvestments</u> , d Liability Company)	LLC	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.		
Please return all correspo	ndence concerning this matte	er to the following:		
	Wayne W	heelev Name of Person)		-
		Firm/Company)		
68	`	* * *	-	
Nob	lesville, =	S Grove Du (Address) TN 460 (State and Zip Code)	U6 Z≥3	7
	oncerning this matter, please Oheelev of Person)	call: at (3/7) 69	ĽS C	イニ・カフ
Enclosed is a check for	the following amount:			
\$125.00 Filing Fee	\$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:				
Hayden Valley Investment of the words "Limited Liability Company, "Limited ARTICLE II - Address:	Fments, LLC Company" or their abbreviation "LLC," or "L.C.,")			
	ncipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
6831 Carters Grove Dn Noblesville, IN 46062	6831 Carters Grove Dr Noblesville, IN 46062			
	gistered agent are:			
Having been named as registered agent and to ac liability company at the place designated in th	scept service of process for the above stated limited is certificate, I hereby accept the appointment as			
statutes relating to the proper and complete per	I further agree to comply with the provisions of all formance of my duties, and I am familiar with and eyed agent as provided for in Chapter 608, F.S			

(CONTINUED) Page 1 of 2

Registered Agents Signature (REQUIRED)

The name and address of each Manager or Managing Member is as follows:		
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Wayne Wheeler 6831 Carters Grove R. Noblesville, IN 46062	
MGRM	Christy Wheeler 6831 Carters Grove Dr Noblesville, IN 46062	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date	SECRE JUN ALL AHEASTS (OPTIONAL)	
	ecific and cannot be more than five business days prior	
	an authorized representative of a member.	
of this document constitute that the facts stated herei	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.) Wheelev or printed name of signee	

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

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)