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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATIONS DIVISION OF CORPORATIONS

COVER LETTER

i TO:

то:	Registration So Division of Co					
SUBJE	ECT: MHE	Properties, LLC (Name of Limite	d Liability Comp	any)		
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filin	g.		
Please	return all corresp	oondence concerning this matte	er to the following	; :		
	Maynard E	vans				
		(Name of Person)			
	M H E Pro	perties, LLC				
·		(Firm/Company)		07	TIVIU.
	4585 Lake	Holden Hills Drive	:		ي	-7 PH 3: 3U
•			(Address)		٢	5
	Orlando, F	FL 32839				PH
•	<u> </u>		State and Zip Code	e)	· · ·	ယှ
For fur	ther information	concerning this matter, please	call:			30
Mayn	ard Evans		at (321	206 032	4	
	(Name	of Person)		& Daytime To	elephone Number)	
Enclos	ed is a check for	or the following amount:				
\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 For Certified Copy (additional copy)	у	\$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	Registrate Division Clifton E 2661 Exc	ourier Addression Section of Corporation Building ecutive Center see, FL 32301	ns	٠

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:	
M H E Properties, LLC		
(Must end with the words "Limited Liability Company, "Lir	nited Company" or their abbreviation "LLC," or	"L.C.,")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liabil	lity Company is:
Principal Office Address:	Mailing Address:	
4585 Lake Holden Hills Drive Orlando, FL 32839	Same	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	ed Office, & Registered Agent's Signistered Agent. You must designate an individual	gnature: or another
The name and the Florida street address of the	e registered agent are:	SECRE DIVISION
Maynard Evans dba Judgn	nent Assistance Services	
Nan	ne	-5 See 1
4585 Lake Holden Hills D	Prive	PH PH
Florida street a	address (P.O. Box <u>NOT</u> acceptable)	<u>ن</u>
Orlando, FL 32839	FL	30
City, State	e, 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:

MGR	Marriage
<u>IVIGR</u>	Maynard Evans
	4585 Lake Holden Hills Drive
	Orlando, FL 32839
	•
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	07
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	 c
(Use attachment if necessary))
TO W. T.CC41 4-4 (C -41	divided to CCI July 1 2007 (OPEROXIA)
	than the date of filing: July 1, 2007. (OPTIONAl e must be specific and cannot be more than five business days
days after the date of filing.)	
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.)

Maynard Evans

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)