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TO:

Registration Section

Division of Corporations		
SUBJECT: HERITAGE BUILDING MAINTENANCE, 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:		
MARGARET MCGUFFIE (Name of Person)		
(Name of Person)		
HERITAGE BUILDING MAINTENANCE, LLC (Firm/Company)		
1017 DEES DRIVE (Address)		
1017 DEES DRIVE (Address) 0VIEDO, FL 32765 (City/State and Zip Code) For further information concerning this matter, please call: MARGARET MCGUFAE :: (407) 284-7813		
(City/State and Zip Code)		
2 100		
For further information concerning this matter, please call:		
Mandra - Madrice - 1000 and one		
MARGARET MCGUFHE at (407) 284-7813 (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{\$130.00 Filing Fee & Status}\$\$ Certificate of Status \$\text{Certified Copy}\$\$ (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

HERITAGE BUILDING MAINTENANCE, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1017 DEES DR	P.O. BOX 620027
DVIEDO, FL 32765	OVIEDO, FL 32762-0027

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:

MARGARET	MEGUFFIE	9
Name		NOW THE THE
1017 DEES	DRIVE	
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	a Const
OVIEDO	FL 32765	OR ST
City, State, a	nd Zip	7
		7, 35

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 MGR HARRY GLENN 276 EASTON CIRCLE DVIEDO, FL 32765 MARGARET MCGUFFIE 1017 DEES DR 0VIEDO, FL 32765 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL): (If an effective date is listed, the date must be specific and cannot be more than five business days perpr

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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.)

HARRY R GLENN
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)