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(Re	equestor's Name)	
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COVER LETTER .

TO:	Registration Section Division of Corporations	•
SURI	ECT: Heron House, L.L.C	,
50.00		ited Liability Company)
The er	nclosed Articles of Organization and fee(s) are	e submitted for filing.
Please	return all correspondence concerning this ma	atter to the following:
	William C. Hanson	
		(Name of Person)
	Denison Mulvoy, PLC	
		(Firm/Company)
	1750 S. Telegraph Roa	d, Suite 301
		(Address)
	Bloomfield Hills, MI 483	302
	(C	City/State and Zip Code)
For fu	rther information concerning this matter, plea	se call:
Wil	liam C. Hanson	_{at} 248 ₎ 253-1100
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclo	sed is a check for the following amount:	
▶ \$125	.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 17, 2007

WILLIAM C HANSON DENISON MULVOY, PLC 1750 S TELEGRAPH RD - STE 301 BLOOMFIELD HILLS, MI 48302

SUBJECT: HERON HOUSE, L.L.C. Ref. Number: W07000060804

SECREMENT OF SIME

We have received your document for HERON HOUSE, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P93000082354 (HERON HOUSE INC).

Please return the corrected original and one copy of 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) 245-6855.

Letter Number: 407A00070320

Tammy Hampton
Regulatory Specialist II

Registration/Qualification Section

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ARTICLE I - Name:	
	The name of the Limited Liability Company	is:
MARCO	Heron House, L.L.C.	
	(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
	ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is
	Principal Office Address:	Mailing Address:
	166 Stillwater, Marco Island, FL 34145	same
	(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
	The name and the Florida street address of t	he registered agent are:
	Nelson R. Pars	<u>ons</u>
	Na	nme
	166 Stillwater	
	Florida stree	address (P.O. Box <u>NOT</u> acceptable)
	Marco Island,	_{FL} 34145

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

08 IAN -7 PM 2: 50

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

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Memb	per
MGRM	Nelson R. Parsons
	166 Stillwater
	Marco Island, FL 34145
	<u></u>
(Use attachment if necessary)	
LE V: Effective date, if other	than the date of filing: (OPTIONA
effective date is listed, the date days after the date of filing.)	must be specific and cannot be more than five business day
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.)

Nelson R. Parsons

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)

OR IAN =7 PM 2:50