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Effective Date  03|01|08

02/28/08--01017--008  **160.00

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DIVISION OF CORPORATIONS
08 FEB 28 PM 1:02

## J. BRYAN

FEB 2 9 2008

## EXAMINER

# COVER LETTER

TO: **Registration Section**
**Division of Corporations**

SUBJECT: _Heaethead Ink , 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:

_TAMARA  E.  JANIGA_
(Name of Person)

_Heaethead Ink , LLC_
(Firm/Company)

_8404  Pine Thrust Way_
(Address)

_Tampa , FL  33647_
(City/State and Zip Code)

For further information concerning this matter, please call:

_K. TAMARA E. JANIGA_ at ( _813_ ) _977-0623_
(Name of Person)    (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee  ☐ $130.00 Filing Fee &  ☐ $155.00 Filing Fee &  ☑ $160.00 Filing Fee,
                         Certificate of Status       Certified Copy              Certificate of Status &
                                                     (additional copy is enclosed)   Certified Copy
                                                                                  (additional copy is enclosed)

**Mailing Address**          **Street/Courier Address**
Registration Section         Registration Section
Division of Corporations     Division of Corporations
P.O. Box 6327                Clifton Building
Tallahassee, FL 32314        2661 Executive Center Circle
                             Tallahassee, FL 32301

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

Hearthead Ink, 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:**

8404 Pine Thrust Way                  8404 Pine Thrust Way
Tampa, FL 33647                        Tampa, FL 33647

**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:       Effective Date  03|01|08

Tamara E. Janiga
Name

8404 Pine Thrust Way
Florida street address (P.O. Box **NOT** acceptable)

Tampa, FL 33647
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..*

Tamara E. Ja
Registered Agent's Signature (REQUIRED))

**(CONTINUED)**

**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

**Name and Address:**

MGR

TAMARA E. JANIGA
8404 Pine Thrust WAY
TAMPA, FL 33647

(Use attachment if necessary)

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**ARTICLE V:** Effective date, if other than the date of filing: MARCH 1, 2008 (OPTIONAL)
**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**REQUIRED SIGNATURE:**

*Tania G. Jauga*
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.)

TAMARA E. JANIGA
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)