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OB SEP -8 AM IN THE SECRETARY OF STATE FLORIDA

M. THOMAS

SEP - 9 2008

**EXAMINER** 

# **COVER LETTER**

ŢO:

**Registration Section** 

Division of Corporations
SUBJECT: Heartwood Logging, 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:
Jacqueline A Carson
(Name of Person)
Heartwood Logging, LLC
(Firm/Company)
233 East Bay Street, Suite 1101
(Address)
Heartwood Logging, LLC  (Firm/Company)  233 East Bay Street, Suite 1101  (Address)  Jacksonville, Florida 32202
(City/State and Zip Code)
For further information concerning this matter, please call:
Jacqueline A Carson at 904 355-6768
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$  Certificate of Status \$155.00 Filing Fee & Certificate of Status & Cert
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:

Heartwood Logging, 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 (

# **Principal Office Address:**

s: <u>Mailing Address:</u>

233 East Bay Street, Suite 1101

Jacksonville, Florida 32202

233 East Bay Street, Suite 1101
Jacksonville, Florida 32202

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:

Dale C. Carson Attorney, PA

Name

233 East Bay Street, Suite 1101

Florida street address (P.O. Box NOT acceptable)

Jacksonville, Florida 32202

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..

egistered Agent's Signature (REOUIRED)

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

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

"MGR" = Mana "MGRM" = Ma		Name and Address:
MGRM		Jacqueline A Carson
	<del></del>	233 East Bay Street, Suite 1101
		Jacksonville, Florida 32202
MGRM		Shannon H. Padgett
		233 East Bay Street, Suite 1101
		Jacksonville, Florida 32202
MGRM		Norman Whitesides
		233 East Bay Street, Suite 1101
		Jacksonville, Florida 32202
MGRM		Dale C. Carson
		233 East Bay Street, Suite 1101  Jacksonville, Florida 32202
		Jacksonville, Florida J2202
	date, if other than the d	date of filing: (OPTIONAL) specific and cannot be more than five business days [
ffective date is list days after the d <u>REQUIRED</u> SI	0,	
days after the d	0,	
days after the d	GNATURE:	an on outhorized nonrecontation of a marrhay
days after the d	GNATURE:	or an authorized representative of a member.
days after the d	GNATURE: Signature of a member (In accordance with section	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury

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)

Typed or printed name of signee