

L08000118002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800139304278

Effective Date 01/02/09

12/30/08--01054--001 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC 30 PM 2:41

J. BRYAN

DEC 31 2008

EXAMINER

Heart Of Gold Enterprises, LLC

L. Joan Heart, MGR

517 SW Ocean Blvd.

Stuart, Florida 34994

772-403-3882

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC 30 PM 2:41

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEART OF GOLD ENTERPRISES, 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:

Joan Heart
(Name of Person)

(Firm/Company)

517 SW OCEAN BLVD.
(Address)

Stuart, FL 34994
(City/State and Zip Code)

For further information concerning this matter, please call:

RANDALL L EDWARDS at 502-817-0897
(Name of Person) (Area Code & Daytime Telephone Number)
~~772-408-3882~~

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED STATE
SECRETARY OF CORPORATIONS
08 DEC 30 PM 2:41

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HEART OF GOLD ENTERPRISES, LLC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC 30 PM 2:44

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

517 SW OCEAN BLVD
STUART FL 34994

PO BOX 2352
STUART, FL 34995

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 01/02/09

Joan HEART
Name

517 SW OCEAN BLVD
Florida street address (P.O. Box **NOT** acceptable)

STUART FL 34994
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.

L. Joan Heart
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

Name and Address:

MGRM

Paul L. BUCCHERI
506 WOODS EDGE TRAIL
STUART, FL 34997

MGRM

DIANE M BEATUS
703 SE HIBISCUS AVE
STUART FL 34996

MGR

L. Joan Heart
517 SW OCEAN BLVD
STUART, FL 34994

MGR

RANDALL L. EDWARDS
303 CASTLEVIEW DR.
LOUISVILLE, KY. 40207

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 2, 2009 (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:

L. Joan Heart, mgr.
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.)

L. JOAN HEART
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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC 30 PM 2:44