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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

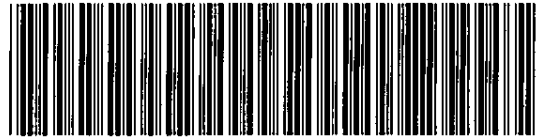
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS
JAN 27 2009
EXAMINER

MELVILLE & SOWERBY, P.L.

ATTORNEYS AT LAW
LAUREL PROFESSIONAL PARK
2940 SOUTH 25TH STREET
FORT PIERCE, FLORIDA 34981-5605

HAROLD G. MELVILLE*
DAVID N. SOWERBY**

TELEPHONE (772) 464-7900
FAX (772) 464-8220

*BOARD CERTIFIED CIVIL TRIAL LAWYER AND
BOARD CERTIFIED BUSINESS LITIGATION LAWYER
**BOARD CERTIFIED REAL ESTATE LAWYER

January 23, 2009

Via Federal Express

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Heritage Enterprises of St. Lucie, LLC

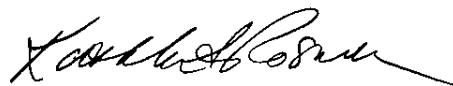
Dear Sirs:

In connection with the above-named limited liability company , enclosed herewith for filing please find the following documents:

1. Cover Letter;
2. Original and one copy of the executed Articles of Organization;
3. A check of this firm payable to the Florida Department of State in the amount of \$155 representing filing fees and receipt of a certified copy of the Articles; and
4. Return Federal Express envelope for your use in returning the receipt and certified copy of the Articles of Organization.

Please contact our office should you have any questions.

Sincerely,



Kathleen Rosman
Legal Assistant

kr/enclosure

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: HERITAGE ENTERPRISES OF ST. LUCIE, 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:

SALLY GOOCH

(Name of Person)

Heritage Enterprises of St. Lucie, LLC

(Firm/Company)

5600 17th Street, S.W.

(Address)

Vero Beach, Florida 32968

(City/State and Zip Code)

For further information concerning this matter, please call:

Sally Gooch

(Name of Person)

at (772) 464-5720

(Area Code & Daytime Telephone Number)

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HERITAGE ENTERPRISES OF ST. LUCIE, 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:

5600 17th Street, S.W.
Vero Beach, Florida 32968

Mailing Address:

5600 17th Street, S.W.
Vero Beach, Florida 32968

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TALLAHASSEE, FLORIDA

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:

Sally Gooch

Name

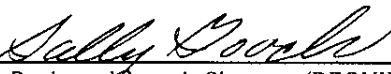
5600 17th Street, S.W.

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

Vero Beach, FL 32968

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..


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

SALLY GOOCH

5600 17th Street, S.W.

Vero Beach, Florida 32968

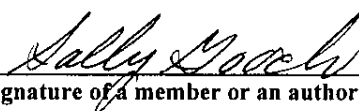
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(Use attachment if necessary)

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 prior to or 90 days after the date of filing.)

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.)

Sally Gooch, MGRM

Typed or printed name of signer

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)