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(Requestor's Name)			
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(Business Entity Name)			
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SECRETARY OF STATE

COVER'LETTER

TO: Registration So Division of Cor					
_{subject:} Heinlei	SURFECT. Heinlein Family, LLC				
SUBJECT:		ed Liability Company)			
The enclosed Articles of	Organization and fee(s) are	submitted for filing.			
Please return all correspo	ondence concerning this mat	ter to the following:			
Virgil L. Lig	ht, Esq.				
		(Name of Person)			
Light & As	sociates, LLLP				
<u> </u>		(Firm/Company)			
1990 Main Street, Ste. 750					
		(Address)			
Sarasota, FL 34236					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Virgil L. Lightat (_941, 309-5415					
(Name	of Person)		ytime Telephone Number)		
Enclosed is a check for	r the following amount:				
✓S125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee Certified Copy (additional copy is end	Certificate of Status &		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Registration Sec Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	tion porations g Center Circle		



April 14, 2009

VIRGIL L. LIGHT, ESQ. LIGHT & ASSOCIATES, LLLP 1990 MAIN STREET, SUITE 750 SARASOTA, FL 34236

SUBJECT: HEINLEIN FAMILY, LLC Ref. Number: W09000017445

We have received your document for HEINLEIN FAMILY, LLC 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 effective date is not acceptable since it is not within five working days of the date of receipt.

Please return 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) 245-6067.

Letter Number: 709A00012506

Neysa Culligan Regulatory Specialist II

Division of Corporations - P.O. ROY 6397 - Tallahassaa Florida 39314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

1990 Main Street, Ste. 750 Florida street address (P.O. Box NOT acceptable) Sarasota, Fl. 34236	Heinlein Family, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")					
Heinlein Family, LLC 1073 Windsor Terrace, NW Port Charlotte, FL 33948 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: Light & Associates, LLLP Name 1990 Main Street, Ste. 750 Florida street address (P.O. Box NOT acceptable) Sarasota FL 34236		s of the principal office of the Limited Liability	Company is:			
1073 Windsor Terrace, NW Port Charlotte, FL 33948 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: Light & Associates, LLLP Name 1990 Main Street, Ste. 750 Florida street address (P.O. Box NOT acceptable) Sarasota, FL 34236	Principal Office Address:	Mailing Address:				
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Name 1990 Main Street, Ste. 750 Florida street address (P.O. Box NOT acceptable) Sarasota, Fl. 34236	(The Limited Liability Company cannot serve as its business entity with an active Florida registration.	s own Registered Agent. You must designate an individual or a	pother SE 9			
Name 1990 Main Street, Ste. 750 Florida street address (P.O. Box NOT acceptable) Sarasota, Fl. 34236	Light & Associates, LLLP					
Saragota El 3/1/36	Nama					
Saragota El 3/1/36	1990 Main Street, Ste. 750					
Saragota El 3/1/36	Florida street address (P.O. Box NOT acceptable)					
Odi 1001200 FL	Sarasota, FL	34236 _{FL}	- 교류			
City, State, and Zip	C	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.



(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:

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Tina Heinlein
	Port Charlotte, EL 33048- 1073 Wendows Tracer Nul
	Port Charlotte, FL 33948
Member	Adam Heinlein
	Port Charlotte, FL 00948 10 23 Windows Terrores M
	Port Charlotte, FL 33948
(Use attachment if necessary)	Man 1, 2009
RTICLE V: Effective date, if other than th	e date of filing: June 1, 2008 (OPTIONAL)
If an effective date is listed, the date must	be specific and cannot be more than five business days prior
o or 90 days after the date of filing.)	
<u>reouired</u> signature:	
	len leen RECRE
2 / ma	N len len
Signature of a mem	ber or an authorized representative of a member.
(In accordance with s	CONTRACTOR (CONTRACTOR CONTRACTOR
	stitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Tina Heinlein

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee