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**EXAMINER** 



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SECRETARY OF UTIVING DIVISION OF CONCOUNTS

# **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJI	Heroes Home, LLC
	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Jere B Ford
	Name of Person
	Firm/Company
	111 S Highland St #168
	Address
~	Memphis, TN 38111 City/State and Zip Code
	jerebford@hotmail.com
For fur	E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call:
<u>_\Je</u>	Name of Person at ( 901 ) 569-0888  Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
	00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
•	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Mailing Address Registration Section Division of Corporations Division of Corporations Clifton Building Tallahassee, FL 32314  Z661 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:	
Heroes Ho	me, LLC ability Company," "L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street address of the		Company is:
Principal Office Address:	Mailing Address:	
1 Las Olas Circle #1504 Fort Lauderdale, FL 33316	111 S Highland St #168 Memphis, TN 38111	 
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)		
The name and the Florida street address of the	e registered agent are:	<b>2</b> P
Jere t	B Ford	SECRETAR ASION OF 10
Nan	ne	<b>5</b>
1 Las Olas	Circle #1504	<b>5</b> 5 5 5
Florida street address (P.	O. Box NOT acceptable)	2
_ Fort Lauderdale	FL 33316	œ
City, State	and Zip	<b>5</b> 22
Having been named as registered agent and to liability company at the place designated is registered agent and agree to act in this capact statutes relating to the proper and complete accept the obligations of my position as re	n this certificate, I hereby accept the appoints. I further agree to comply with the properformance of my duties, and I am fami	ointment as rovisions of all liar with and

(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> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Jere B Ford  1 Las Olas Circle #1504  Fort Lauderdale, FL 33316
MGRM	Anita Broccolino 43 Philadelphia Ave Tacoma Park, MD 20912
(Use attachment if necessary)  **TICLE V: Effective date, if other than the an effective date is listed, the date must be	e date of filing: (OPTIONAL)  be specific and cannot be more than five business days pri
or 90 days after the date of filing.)  REQUIRED SIGNATURE:	
Signature of A member	er or an authorized representative of a member.
(In accordance with se of this document cons that the facts stated he	er or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)  EVE Ford  yped or printed name of signce

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)