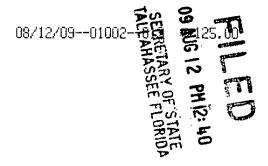
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(Requestor's Name)
(Address)
(Address)
(idd. 1005)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2000)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration Division of C	ornarations		
SUBJECT:	ealing Hear's	Tarent Netwo	ork
	of Organization and fee(s) are		
Please return all corres	spondence concerning this mat	tter to the following:	
	Linda	Muri 110 Name of Person	
	Healing t	tcarts Parent	Network
	13522 61	OSSY This Pl	
	Braden	ton F1 3420 ty/State and Zip Code	2
		10 1 (a) yahoo. (c) for future annual report notification)	
For further information	n concerning this matter, pleas	e call:	
Linda	Murillo e of Person	at (941) 356-8 Area Code & Daytime Tele	9143 phone 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Healing Hearts Parent Network 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: Mailing Address:
13522 Glossy Ibis Pl Bradenton, Fl 34202 Bradenton FC 34202
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 framther business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Linda L. Murillo Name
135aa Glossy Ibis P 器言
Florida street address (P.O. Box <u>NOT</u> acceptable)
Bradenton FL 3400 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:

Janice Spring 11305 Park Side PI Lakewood Ranch FI 34202-18 Kathy Valente Gibb Oaks Blvd Bradenton, FI 3420	
Kathy Valente	
	<u>7</u> 9 - -
	<u>7</u> 9
	- -
the date of filing: (OPTION of the specific and cannot be more than five business	
nda Mirillo 💆 🕏	, Q
section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury herein are true.)	9 AUG 12
Typed or printed name of signee	DH IZI HO
	t be specific and cannot be more than five busines

of Registered Agent

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