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(Re	questor's Name)	.
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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T. HAMPTON

\$EP 1 4 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jecenie Heard's Tile 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:
Jeremie Pavid Hear d
<u> </u>
Firm/Company
2211 Hwy 27 E.
2211 Hwy 27 E. Address Perry, F1 32347 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at () Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$
Mailing Address Registration Section Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 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:				
Jerenie Heard's Til (Must end with the words "Limited Liability	ty 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:			
2211 HINY 77 F.	Same			
Perry F1, 32347				
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the results of the resul	egistered agent are: Ending to the segment are: Box NOT acceptable)			
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per accept the obligations of my position as registed.	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and Fam familiar with and tered agent as provided for in Chapter 608, F.S ATT AND THE 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:

	anager of Managing Member is as follows.
<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
mgk	Jeremie Heard
	2211 HWY 27 F.
•	
(Use attachment if necessary)	
RTICLE V. Effective date if other than	the date of filing: 9/14/29 (OPTIONAL)
f an effective date is listed, the date mus	the date of filing: 9/14/09. (OPTIONAL) st be specific and cannot be more than five business days pr
or 90 days after the date of filing.)	_
REQUIRED SIGNATURE:	
- Can	4
Signature of a mer	mber or an authorized representative of a member.
of this document c	h section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury d herein are true.)
Jeremi	Typed of printed name of signee
Filing Fees:	Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

٠,

\$ 5.00 Certificate of Status (Optional)

9 SEP IL PH 3: 18
SECRETARY OF STATE
TALLAHASSEE, FLORINA