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(F	Requestor's Name)	
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((City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business Entity Name)		
([Document Number)	
Certified Copies	. Certificates of Status	
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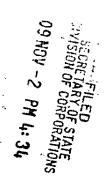
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DEPARTIENT OF STATE.
DIVISION OF CONFORATION
TAUEAHASSEE: FEORIDA

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B. KOHR
NOV 3 2009
EXAMINER



COVER LETTER

TO:	Registration Section Division of Corporations
SUBJEC	CT: Hey on Constrar LLC Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	Name of Limited Liability Company osed Articles of Organization and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: Nime of Person
_	1932 Keth Dall, Fa. Address
_	City/State and Zip Code
-	E-mail address: (to be used for future annual report notification)
Encil	Name of Person. Area Code & Daytime Telephone Number 10 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 10 Filing Fee & Certified Copy (additional copy is enclosed) 10 Filing Fee & Certified Copy (additional copy is enclosed) 10 Filing Fee & Certified Copy (additional copy is enclosed) 10 Filing Fee & Certified Copy (additional copy is enclosed) 10 Filing Fee & Certified Copy (additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Heyne Canother LC 3
(Mustend 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 ::
Principal Office Address: Mailing Address:
1932 Kall 1
0.00 76-3024)
Jalyer Jasi Dame
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:
(1 January 1) A January
Name
1020 X 11 DL.
Florida street address (P.O. Box NOT acceptable)
5)21/2
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.
$(\cdot) \circ (\cdot) \circ (\cdot)$
Land Varan
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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MARM	Dui Hayron 1932 Keth St
·	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date is listed, the date must be sto or 90 days after the date of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a member.
(In accordance with section of this document constituted that the facts stated herein that the facts st	on 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury are true.
	ed or printed name of signed

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)