# 400000/6470

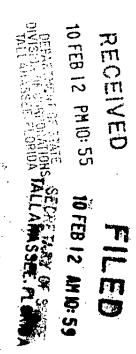
(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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D. BRUCE

FEB 1 2 2010

**EXAMINER** 

# **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI		
	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:	
	Richard Heinitz	
	Name of Person	
	Hi-Tech Harvest	
	Firm/Company	
	848 H BlanTSTOWN Hwy	- <u> </u>
	Address	
	TALLAN ASSER A. 32303 32303 City/State and Zip Code	CD
-	E-mail address: (to be used for future annual report notification)	<u>ਤ</u>
For fur	ther information concerning this matter, please call:	
<b>R</b> .	Name of Person at (850) 980 8989  Area Code & Daytime Telephone Number	
	Name of Person Area Code & Daytime Telephone Number	
Enclos	sed is a check for the following amount:	
]\$125.	00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	: &
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
H:-Tech Harves (Must end with the words "Limited Liability	y Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	·
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
ARTICLE III - Registered Agent, Registered (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 registration and the Florida street address of the registration and the Florida street address (P.O. E. Florida street address (P.O. E. City, State, and	gistered agent are:  Sox NOT acceptable)  FL 32303

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..

Registered Agent's Signature (REQUIRED)

# 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:
Mgcm_	Richard Heinitz 2950 George ST TALLAHASSEC FL. 32303
mgrm	Sherri Cribbs 2950 @George 57 TAllAMASSEE FL 30303
(Use attachment if necessary)	
CLE V: Effective date, if other than t effective date is listed, the date must 00 days after the date of filing.)	he date of filing: (OPTIONAL) the specific and cannot be more than five business days p
REQUIRED SIGNATURE:  Signature of a men	aber or an authorized representative of a member.
(In accordance with of this document contacts that the facts stated	section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury herein are true.)
Kich	Typed or printed name of signee

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

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