## 110000103898

(Re	equestor's Name)	
(Ac	ldress)	·
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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T. CLINE

OCT - 5 2010

EXAMINER



September 9, 2010

JUAN LOPEZ 18590 SW 7TH STREET PEMBROKE PINES, FL 33029

SUBJECT: HEARTISTIC XPRESSIONS, LLC

Ref. Number: W10000042486

We have received your document for HEARTISTIC XPRESSIONS, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Revocation of Dissolution can only be filed within 120 days of the effective date of the Articles of Dissolution. Our records reflect the Articles of Dissolution became effective on September 9, 2010 and our office received the Articles of Revocation of Dissolution on September 8, 2010. Therefore, the enclosed document cannot be filed and is being returned to you.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 810A00021481

## **COVER LETTER**

	ration Section on of Corporations	•	
Divisio	on of Corporations	• • •	
<b> </b>	agrictic Vareacione II.C	199.	
SUBJECT: 🖳	eartistic Xpressions, LLC	ted Liability Company	
	Name of Limi	ica Diability Company	
The englaced A		and and the A. Com. Cities a	
The enclosed A	rticles of Organization and fee(s) are	submitted for filing.	
Please return all	correspondence concerning this mat	tter to the following:	
Juan A	Lopez	N. Ch	*** * ***
		Name of Person	
Heartis	tic Xpressions, LLC		
	,	Firm/Company	
18590	SW 7th Street		
		Address	
Da	-i Bi El 00000		
Pembro	oke Pines, FL 33029	ty/State and Zip Code	
		ty/state and Zip Code	
juaniair	@comcast.net	for future annual report notification)	
	·	·	
For further infor	rmation concerning this matter, pleas	e call:	
		000 0000	
Juan A. Lope	Name of Person	at (_954) 983-3800 Area Code & Daytime Tele	alana Mandan
	Name of Person	Area Code & Daytime Tele	pnone Number
Enclosed is a c	check for the following amount:		
	J		
<b>□</b> \$125.00 Filing	g Fee \$\bigs\ \sigma\$\$130.00 Filing Fee & Certificate of Status		\$160.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		(additional copy is enclosed)	(additional copy is enclosed)
		·	
	Mailing Address	Street/Courier Address	
	Registration Section	Registration Section	

\* ENCLOSED CHECK FOR \$ 25.00. ALREADY SENT \$100 (SEE YOUR LETTER)

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	s:
Heartistic Xpressions, LLC	
(Must end with the words "Limited Lia	bility 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:
18590 SW 7th Street, Pembroke Pines, FL 33029	18590 SW 7th Street, Pembroke Pines, FL 33029
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registeres business entity with an active Florida registration.)  The name and the Florida street address of the	gistered Agent. You must designate an individual or another
Juan A. Lopez	
Nam	ne
Florida street a	ddress (P.O. Box NOT acceptable)
18590 SW 7th Street, Pembroke P	tines FL 33029 State, and Zip
•	o accept service of process for the above stated limited

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..

egistered Agent's Signature (REDURE)

(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:

"MGR" = Mar "MGRM" = M	ager anaging Member	Name and Address:
MGRM		Juan A. Lopez
		18590 SW 7th Street
		Pembroke Pines, FL 33029
MGR		Anne Marie Lopez
		18590 SW 7th Street
		Pembroke Pines, FL 33029
	<del></del>	
(Use attachme	nt if necessary)	
LE V: Effective date is	ve date, if other than the da	ate of filing: (OPTIO) specific and cannot be more than five business of
LE V: Effective fective date is days after the	ve date, if other than the da listed, the date must be s	ate of filing: (OPTIO) specific and cannot be more than five business of
LE V: Effective date is days after the	ve date, if other than the dalisted, the date must be sidate of filing.)  SIGNATURE:	specific and cannot be more than five business of
LE V: Effective date is days after the	ve date, if other than the dalisted, the date must be sidate of filing.)  SIGNATURE:	ate of filing: (OPTIO) specific and cannot be more than five business of a member.
LE V: Effective date is days after the	date, if other than the datisted, the date must be state of filing.)  SIGNATURE:  Signature of a member of the date of the dat	or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury
LE V: Effective fective date is days after the	date, if other than the date date, the date must be state of filing.)  SIGNATURE:  Signature of a member of this document constitution.	or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury

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