

110000120396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

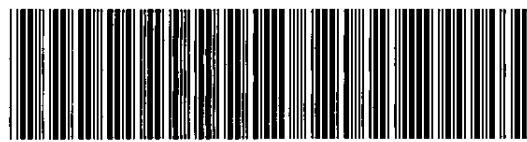
(Document Number)

Certified Copies _____ Certificates of Status _____

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EFFECTIVE DATE 01/01/2011



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ALACHUA, FLORIDA
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D. BRUCE
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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAPPY HEARTS for KIDS , L.L.C.

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:

Heather Del Gatto Arreaza

Name of Person

HAPPY HEARTS for KIDS

Firm/Company

11010 TARPON BAY CT

Address

TAMARAC, FL 33321

City/State and Zip Code

heather.delgatto@browardschools.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Del Gatto Arreaza

at (954) 444-5257

Name of Person

Area Code & Daytime Telephone 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 Circle
Tallahassee, FL 32301

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FLORIDA
TALLAHASSEE, FLORIDA
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HAPPY HEARTS for KIDS, L.L.C.

(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:

11010 TARPON BAY CT.
TAMARAC, FL 33321

Mailing Address:

11010 TARPON BAY CT.
TAMARAC, FL 33321

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:

Heather Del Gatto Arreaza

Name

11010 TARPON BAY CT.

Florida street address (P.O. Box NOT acceptable)

TAMARAC

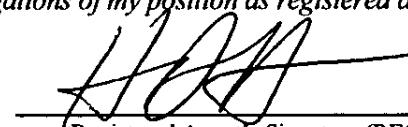
FL 33321

City, State, and Zip

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FLORIDA
REGISTERED STATE
FLORIDA

FILED

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)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE

11/12/2011

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM Heather Arreaza

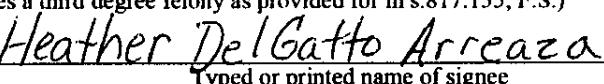
Name and Address:

11010 TARPOON BAY CT
TAMARAC, FL 33321

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2011 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member

Typed or printed name of signee

Filing Fees:

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