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(Requestor's Name)		
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PICK-UP	X WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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DIVISION OF CORPORATION

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Heavens Kithcen 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:
Richard Mc Ckay
Heavens Litchen 51 LLC
Firm/Company
415 Mine Rd.
Address
Milune 71. 32343
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Debokah A. Holton at (850) 528-8520 Name of Person at (850) Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:
Heavens Litchen 5/12C (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: Mailing Address:
21/60 H DA DN 92
S 94 0 = 1141 P 1
70 10 21 32305 9MWay TC
14(14: 1C, 50505
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:
Richard McCray
Name
111-50 D
7/5 Mure Pu
Florida street address (P.O. Box NOT acceptable)
Midway FL 32343 City, State, and Zip
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.,

(CONTINUED)

Registered Agent's Signature (REQUIRED)

The name and address of each Manager	r or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Debolah A. Holton 2214 SAXON SI- TALLA 71: 323/0
(Use attachment if necessary) ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be sto or 90 days after the date of filing.)	ate of filing: D5 - 1/- 1(OPTIONAL) specific and cannot be more than five business days prio
REQUIRED SIGNATURE:	
Olidae M Signature of a member	or an authorized representative of a member.
(In accordance with section 608.4 constitutes an affirmation under t I am aware that any false informations to the constitutes a third degree felony are the constitutes at the constitu	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
	nd or printed name of signee
Filing Fees:	

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

\$125.00 Filing Fee for Articles of Organization and Designation

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