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Effective Date 11-3-11

11/08/11--01009--015 **160.00

SECRETARÝ ÓF STATE TALLAHASSEE, FLORIDA

2011 NOV -8 AM 11:

J. SAULSBERRY EXAMINER

NOV 1 0 2011

COVER LETTER

то:	Registration Section Division of Corporations	•	
SUBJ	_{вст:} <u>HeyLo Enterprises,</u> L	LC	
		nited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	Laureen M. Smith		
		Name of Person	
	HeyLo Enterprises, LLC		
		Firm/Company	
	4717 Windsor Avenue	SEU	30 T
		Address	
	Orlando, FL 32819	ζς <u>Σ</u> Σ	2 [
		City/State and Zip Code	T I
	laurie0927@gmail.com	LOF	M 1:24
	E-mail address: (to be use	d for future annual report notification)	42
For fu	ther information concerning this matter, plea	ase call:	
Laur	een M. Smith	at (407) 463-4541	
	Name of Person	Area Code & Daytime Telephone Number	
Enclos	sed is a check for the following amount:		
\$125.00	Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$160.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enc	ıs &
	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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HeyLo Enterprises, LLC.	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of t		ability Company is:
Principal Office Address:	Mailing Address:	
4717 Windsor Avenue Orlando, FL 32819	4717 Windsor Avenue Orlando, FL 32819	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	Registered Agent. You must designate an indivi	
Laureen M. Smith	Name	ASAH ASAH
4717 Windsor	m=	
Florida street address (P.O. Box NOT acceptable)		AMII: 24 OF STATE OF LORIDA
Orlando	_{FL} 32819	RED. 22
Ci	ty, State, and Zip	> +
Having been named as registered agent ar	nd 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

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

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

MGR	Laureen M. Smith	
	4717 Windsor Avenue	
	Orlando, FL 32819	
		SLCRET
		AR A
		A A A A A A A A A A A A A A A A A A A
		A HAY
		
		OF STATE .FLORID
		<u> </u>
(Use attachment if necessary)		
U.E.V. Effective data if athershow	the date of filing: 11/3/2011	(OPTIONAL)

REQUIRED SIGNATURE:

Signature of member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Laureen M. Smith

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)