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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificate | s of Status |
| Special Instructions to Filing Officer: | | |
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J. SAULSBERRY EXAMINER MAY 7 2012

COVER LETTER

TO:

Registration Section **Division of Corporations** April 27, 2012

| SUBJECT: HEARN FAMILY H | OLDINGS, LLC | |
|--------------------------------------------------|---------------------------------------------|------------------------|
| Name of | Limited Liability Company | |
| | | |
| The enclosed Articles of Organization and fee(s | s) are submitted for filing. | |
| Please return all correspondence concerning this | s matter to the following: | |
| Richard M. White | | |
| | Name of Person | · |
| White & Crouch, P.A. | | |
| | Firm/Company | |
| 5303 SW 91st Drive, #2 | 200 | |
| | Address | 2012 SE: |
| Gainesville, FL 32608 | | BIZ MAY - |
| | City/State and Zip Code | 2 |
| E-mail address: (to be | used for future annual report notification) | |
| For further information concerning this matter, | please call: | 8: 22 TATE ORIDA |
| Richard M. White | 352 372 1011 | ,4= |

Enclosed is a check for the following amount:

Name of Person

√\$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

Area Code & Daytime Telephone Number

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICL | ÆI | - Na | me: |
|--------|----|------|-----|
| | | | |

The name of the Limited Liability Company is:

HEARN FAMILY HOLDINGS, LLC

(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: | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------|---|
| 23425 SE Hawthorne Road | 23425 SE Hawthorne Road | | |
| Hawthorne, Florida 32640 | Hawthorne, Florida 32640 | | |
| 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 | n Registered Agent. You must designate an indi | vidual of another 2 HAY -2 | |
| Suzanne M. Hearr | າ | | • |
| | Name | සුපු හ | |
| 23425 SE Hav | wthorne Road | 8: 22 TATE ORIDA | |
| Florida str | eet address (P.O. Box NOT acceptable) | | |
| Hawthorne | _{FL} 32640 | | |
| C | 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..

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:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| MGR | Suzanne M. Hearn 23425 SE Hawthorne Road Hawthorne, Florida 32640 | |
| | | ZUIZ HAY -2 A |
| | | AM 8: 32 |
| TICLE V: Effective date, if other than the an effective date is listed, the date must be or 90 days after the date of filing.) REQUIRED SIGNATURE: | e specific and cannot be more than | (OPTIONAL) n five business days prior |
| Jugano | r or an authorized representative of a | member. |
| constitutes an affirmation under I am aware that any false inform | 408(3), Florida Statutes, the execution of the penalties of perjury that the facts standard submitted in a document to the Decrease provided for in s.817.155, F.S.) | ted herein are true. |
| Suzanne M. H | | |
| Тур | ped or printed name of signee | |
| Filing Fees: | | |
| \$125.00 Filing Fee for Articles of Organ of Registered Agent \$ 30.00 Certified Copy (Optional) | - | er er er en er |
| \$ 5.00 Certificate of Status (Optional) | par of Cong. | |