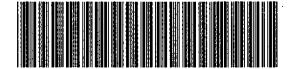
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

HEART OF THE SOUTH ENTERPRISES, 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:

KIEL A. CARLTON

Name of Person

HEART OF THE SOUTH ENTERPRISES, LLC

Firm/Company

1904 SE TANGELO DR

Address

ARCADIA, FL 34266

City/State and Zip Code

Heart.of.the.South.Enterprises@gmail.com

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

For further information concerning this matter, please call:

Kiel Carlton

863

990-8330

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Heart of the South Enterprises, LLC | | <u></u> | |
|--|--|---|---------------------------------|
| (Must end with the words "Limi | ted Liability Company, "L.L.C.," or "LLC,") | 14. E | |
| A DOMESTICAL DESIGNATION OF THE PARTY OF THE | | | سلط . جد. جس نا مثاني |
| ARTICLE II - Address: The mailing address and street address o | f the principal office of the Limited Li | ability)Com os | v ie-r |
| The maining address and street address o | if the principal office of the Enfined En | -11 · · · · · · · · · · · · · · · · · · | 19 13.5 E1900 |
| Principal Office Address: | Mailing Address: | | · Cari |
| | · | 24 30 25 0 | |
| 1904 SE TANGELO DR | 1904 SE TANGELO DR | | |
| ARCADIA, FL 34266 | ARCADIA, FL 34266 | | |
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| ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) | | | |
| (The Limited Liability Company cannot serve as its o | wn Registered Agent. You must designate an indivi | | |
| (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address | wn Registered Agent. You must designate an indivi | | |
| (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address Kiel A. Carlton | wn Registered Agent. You must designate an indivi | | |
| (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address Kiel A. Carlton 1904 SE Tangelo Drive | wn Registered Agent. You must designate an indivi | | |
| (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address Kiel A. Carlton 1904 SE Tangelo Drive | of the registered agent are: Name Street address (P.O. Box NOT acceptable) | | |
| (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address Kiel A. Carlton 1904 SE Tangelo Drive Florida: | wn Registered Agent. You must designate an indivi | | |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

| MGR" = Manager MGRM" = Managing Member GR Kiel 190 | me and Address: A. Carlton 4 SE Ami Drive adia, FL 34266 | HASSEE, F-ON |
|--|--|--|
| AGRM" = Managing Member GR Kiel 190 | 4 SE Ami Drive | SSEE, F-OW |
| GR Kiel 190 | 4 SE Ami Drive | Y OF TOWN |
| 190 | 4 SE Ami Drive | |
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| ective date is listed, the date must be sper 190 days after the date of filing.) EQUIRED SIGNATURE: | tiling: (cific and cannot be more than fi | OPTION |
| ective date is listed, the date must be specified and safter the date of filing.) EQUIRED SIGNATURE: Signature of a member or an a (In accordance with section 608.408(3), constitutes an affirmation under the pena | uthorized representative of a member. Florida Statutes, the execution of this doculties of perjury that the facts stated herein omitted in a document to the Department of | ve busing the busing the business of the busin |
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