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Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EVERY DAY HEROS LLC Name of Limited Liability Company
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:
Ginger Gilleig Name of Person
Name of Person Everydag Heros Firm/Company
J J Firm/Company
12717 W. Sunrise Blvd. Ste 229
Address
Sunrise, FL 33323 City/State and Zin Code
City/State and Zip Code
Ginger 913 C whoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Singer Gilley at (954), 560-0812 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{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 Address Street/Courier Address
Registration Section Registration Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 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:	
Everyday Heros LLC	
(Must end with the words "Limited Liability Company, "L.L.C.," or "Ll	_C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Compar	ny is:
Principal Office Address: Mailing Address:	
Junyisc, Blu FL 33323	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designa another business entity with an active Florida registration.)	te an individual or
The name and the Florida street address of the registered agent are:	
Ginger Gilley	
J Name J	
12717 W. Sunvise Blvd St. 229	
Florida street address (P.O. Box NOT acceptable)	
Sunvise FL 33323 City Zip	
City Zip	
Ilaving been named as registered agent and to accept service of process for the above stated list the place designated in this certificate. I hereby accept the appointment as registered agent capacity. I further agree to comply with the provisions of all statutes relating to the proper at of my duties, and I am familiar with and accept the obligations of my position as registered and Chapter 605, F.S	and agree to act in this nd complete performance
Registered Agent's Signature (REQUIRED)	
(CONTINUED)	TALES
Page 1 of 2	制 10 20 05

Title:	Name and Address:
'AMBR" = Authorized Member 'MGR" = Manager MGL	Ginger Gilley 12719 W. Sunrise Blied, 3k 229
	Sunny FL 33323
	
Use attachment if necessary)	.1
•	te of filing: 1/15/14 (OPTIONAL)
EV: Effective date, if other than the date tive date is listed, the date must be s	te of filing:
V: Effective date, if other than the date tive date is listed, the date must be s	
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