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MICRETARY OF STATE

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COVER LETTER "

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Heartstoppers Publishing		128 F
	Name of Li	mited Liability Company	CRE E
The en	closed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Joseph M. Holmes		مراحة المراجة المسلم المراجة المسلم المراجة المسلم المراجة
		Name of Person	
		Firm/Company	
	848 Rue Labeau Circle	Address	
		Address	
	Fort Myers, FL 33913-7510		
		City/State and Zip Code	
.he	eart-stoppers@embargmail.com E-mail address: (to be use	ed for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	-	,
Josep		239 738-5200	
	Name of Person	Area Code Daytime Te	lephone Number
Enclose	ed is a check for the following amount:		
\$125.0	O 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	Street/Courier Add	ress
	Registration Section. Division of Corporations	Registration Section	ions
	P.O. Box 6327	Division of Corporat Clifton Building	110115
	Tallahassee, FL 32314	2661 Executive Cent	ter Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Heartstoppers Publishing, 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 of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Heartstoppers Publishing 848 Rue Labeau Circle Fort Myers, FL 33913-7510	Heartstoppers Publishing 848 Rue Labeau Circle Fort Myers, FL 33913-7510
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	igent are:
Joseph M. Holmes Name	
848 Rue Labeau Circle	
Florida street address (P.O. Box	NOT acceptable)
Fort Myers	FL 33913-7510
City	Zìp
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S.
Parter of Augus's Signature	rre (REQUIRED)
Megasteted Agent a Signatu	ic (REQUIRED)
(CONTINUE	D)
Page 1 of 2	SECR

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SECRETARY OF STATE
TALLAHASSSEE, FLORIDA

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager	Joseph M. Holmes		
AMBR	848 Rue Labeau Circle		
	Fort Myers, FL 33913-7510		
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	<u> </u>		-
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(Use attachment if necessary)			
of filing.) E VI: Other provisions, if any.	specific and cannot be more than five business days		
E VI: Other provisions, if any. REQUIRED SIGNATURE:			
REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in	member or an authorized representative of a memb 1605.0203 (1) (b), Florida Statutes, the execution of this 1605 nder the penalties of perjury that the facts stated herein 1607 formation submitted in a document to the Department of	er. s document are true.	
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