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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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EFFECTIVE DATE 8/27/14

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My

COVER LETTER

Division of Corporations
SUBJECT: HEGA-1, 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:
H. Eugene GRAVES Name of Person
4.5
HEGA LLC Firm/Company
Firm/Company
310 John Grey Rd
Address
Ponsacola FL 32505 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Eugene Graves at 850, 7438-1602 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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:				
HEGA., LLC				
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.	")		
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limited Liability Company i	is:		
Principal Office Address:	Mailing Address:			
310 JUHN GRAY RJ PENSACOLA, FL	- 50me -			
ARTICLE III - Registered Agent, Registered Office, & The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	gistered Agent. You must designate a	an individ	dual or	
The name and the Florida street address of the registered ag	gent are:			
H. Eugene G	raues			
H. Eugene G Name 310 John GR	AY RA			
Florida street address (P.O. Box N	OT acceptable)			
<u>Pensacola</u>	FL 32509			
City	Zip			
Having been named as registered agent and to accept service the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligation. Chapter	he appointment as registered agent and all statutes relating to the proper and d	d agree to complete	o act in perfori	this mance
Registered Agent's Signatur	a Chombo e (REQUIRED)			
		.25 (Js 	14	
(CONTINUED))		AUG	A
Page 1 of 2		ASSE	25	F
		SFLO	PH 4:	
EEEF CTIVE DATE	A122114	(A)	N)	

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	H. Eugene Graves 310 John Gray Rd Pensacola FL 32505
 	
(Use attachment if necessary)	
	of filing: August 22, 2014. (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days af
RTICLE VI: Other provisions, if any.	

Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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.)

H Eugene Graves
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)

ARTICLE IV-

Page 2 of 2