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(Re	questor's Name)	
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OCT 13 2014

S. YOUNG

## COVER LETTER

	TO: Registration Section Division of Corporations
	SUBJECT: Heavenly Home Organizer 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:
	Heather Price Name of Person
	Heavenly Home Organizer UC
	5709 5th Ter NW
	Pradenten Fi 34209 City/State and Zip Code
	neaventyhome organizer @ gmail. com E-ntail address: (to be used for future annual report notification)
	For further information concerning this matter, please call:
	Heather at (941) 720-0099 Name of Person Area Code Daytime Telephone Number
	Enclosed is a check for the following amount:
<b>)</b>	\$125.00 Filing Fee \tag{Certificate of Status} \begin{array}{ c c c c c c c c c c c c c c c c c c c
	Malling 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

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Heavenly Home Orga (Must end with the words "Limited Liability Company, "L.J.C.," of	nizer LL
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Co	ompany is:
Principal Office Address: Mailing Address:	
5709 5th Ter NW 5709 5: Bradenton, Fr. Bradente	th Ter NW n. Fr. 34209
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu (The Limited Liability Company cannot serve as its own Registered Agent. You must deanother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:    The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the Florida street address of the registered agent are:   The name and the registered agent are:   The name and the registered agent are:   The name are:   The	W 6
Ilaving been named as registered agent and to accept service of process for the above state place designated in this certificate, I hereby accept the appointment as registered capacity. I further agree to comply with the provisions of all statutes relating to the proof my duties, and I am familiar with and accept the obligations of my position as registed. Chapter 605, F.S  Registered Agent's Signature (REQUIRED)	agent and agree to act in this per and complete performance
(CONTINUED)	IM. <b>≠</b>
Page 1 of 2	CUSTANCA SALVINGO

	s of each person autho	orized to manage and control the Limited Liability Compa	any:
<u>Title:</u> "AMBR" = Authorize	ed Member	Name and Address:	
"MGR" = Manager	AMBR	Heather Price 5709 5th Ter Bradenton, FI	<u>N</u> V
	_		
	_		
	_		
(Use attachment if ne	cessary)	filing Jan. 1, 2015. (OPTIONAL)	
E VI: Other provision	s, if any.		
REQUIRED SIGNA	TURE:	leatar Prico	
REQUIRED SIGNA  (In accorda constitutes I am aware	Signature of a membrance with section 605.0 an affirmation under that any false information.	ber or an authorized representative of a member.  2203 (1) (b), Florida Statutes, the execution of this document to the penalties of perjury that the facts stated herein are true tion submitted in a document to the Department of State as provided for in s.817.155, F.S.)	e.
REQUIRED SIGNA  (In accorda constitutes I am aware	Signature of a membrance with section 605.0 an affirmation under that any false informal a third degree felony a	2203 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true tion submitted in a document to the Department of State	e.
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(In accorda constitutes I am aware constitutes states and states are states as a superior of the states are	Signature of a membrane with section 605.0 an affirmation under that any false informal a third degree felony a for Articles of Organ Copy (Optional)	203 (1) (b), Florida Statutes, the execution of this document he penalties of perjury that the facts stated herein are true tion submitted in a document to the Department of State as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:  Inization and Designation of Registered Agent	SEORETA