## L15000044918

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2015 MAR -2 AM II: 33 SECORETARY OF STATE

N. Cuffigan MAR 1 3 2015

## **COVER LETTER**

	egistration Section ivision of Corporations				
SUBJECT	. Heather	s Homes,	LLC		
SUBJECT		mited Liability Com	pany		
The enclos	ed Articles of Organization and fee(s)	are submitted for fili	ng.		
Please retu	rn all correspondence concerning this	natter to the followir	eg:		
	He	ather Ada	ams		
		Name of Person			
	Heath	ers Home	es, LLC		
		Firm/Company			
	7759 Grovewood Drive				
		Address			
	Lake	Worth, FL	. 33467		
		City/State and Zip C			
		475@hotmai	annual report notification)		
For further	information concerning this matter, pl		, minum report nonmonitority		
He	eather Adams	561 <u>22</u>	2-8621		
	Name of Person	Area Code Da	ytime Telephone Number		
Enclosed is	s a check for the following amount: ling Fee \$\frac{130.00}{Certificate of Status}\$	\$155.00 Filing Certified Cop (additional copy	y Certificate of Status &		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registr Divisio Clifton 2661 E	Courier Address ation Section n of Corporations Building xecutive Center Circle ussee, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit	ed Liability Company is:				
	ou blacking company is:				
	Heathers	Homes, LLC			
()	Must end with the words "I	Limited Liability Co	ompany, "L.L.C.	," or "LLC.")	
ARTICLE II - Addre The mailing address ar	ess: and street address of the prin	cipal office of the l	Limited Liability	Company is:	
Principal Office Add	ress:	Mailing Address	<u>:</u>		
7759 Gro	ovewood Drive	7759 Grovewood Drive		ood Drive	
Lake Wo	rth, FL 33467		Lake Worth, FL 33467		
	y with an active Florida reg ida street address of the reg Hea	ŕ		TALE SLE	2015
	· · · · · · · · · · · · · · · · · · ·	Name	, <u> </u>		MAR T
	7759 G	rovewood Driv	⁄e		R -2
	Florida street address (P.	O. Box NOT acce	ptable)		2
	Lake Worth	FL	33467		
	City		Zip		<del></del> ω
the place designate capacity. I further a	s registered agent and to ac ed in this certificate, I hereb gree to comply with the prot am familiar with and accept	y accept the appoin visions of all statute	tment as registere s relating to the p my position as re	ed agent and agree to act i proper and complete perfol	npany at n this rmance

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = "MGR" =	= Authorized Member		Name and Address	<u>8:</u>				
AMBR	ivialiage:			Heather Adams				
<del></del>			7	759 Grovewood Drive				
			L	ake Worth, FL 33467				
AMBR				······································				
			······					
AMBR	<del></del>			· · · · · · · · · · · · · · · · · · ·				
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(Lica attaci	ment if necessors							
(Use attacl	nment if necessary)							
RTICLE V: Effective date	tive date, if other than			. (OPTIC an five business days p		0 days a	fter	
RTICLE V: Effective date of filing.)	tive date, if other than					·		
RTICLE V: Effective date to date of filing.)	tive date, if other thar is listed, the date mu					·		
RTICLE V: Effective date of filing.)	tive date, if other thar is listed, the date mu					·	9015	77
RTICLE V: Effective date to the date of filing.) RTICLE VI: Other	tive date, if other thar is listed, the date mu					·	9015 MAR	77
RTICLE V: Effective date to the date of filing.)  RTICLE VI: Other	itive date, if other than is listed, the date must provisions, if any.		cannot be more that			·	9015 HAR -2	
RTICLE V: Effective date e date of filing.) RTICLE VI: Other	etive date, if other than is listed, the date must provisions, if any.  ED SIGNATURE:  Signature (In accordance with constitutes an affir I am aware that any	of a member or a section 605.0203 nation under the p	an authorized representation of perjury the	esentative of a member at the facts stated here the to the Department to the Department	er.  nis document in are true.		9015 MAR	
RTICLE V: Effective date e date of filing.) RTICLE VI: Other	etive date, if other than is listed, the date must provisions, if any.  ED SIGNATURE:  Signature (In accordance with constitutes an affir I am aware that any	of a member or a section 605.0203 nation under the p	an authorized representation of perjury the submitted in a document of the submitted in a doc	esentative of a member at the facts stated here the to the Department to the Department	er.  nis document in are true.		9015 HAR -2	

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)