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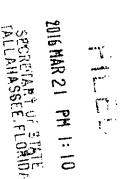
(Red	questor's Name)	
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COVER LETTER

	Registration Section Division of Corporations			. 22
SUBJEC"	LVC Heritage Group, LLC			
SUBJEC		f Limited Liabilit	y Company	
The enclo	sed Articles of Organization and fee(s) are submitted :	for filing	
	urn all correspondence concerning thi			
	Salvatore Carducci			
	:	Name of I	Person	
	LVOV. have Company	, and or		
	LVC Heritage Group, LLC	Firm/Con		
		Firm/Con	ipany	•
	2157 N. Stampede Drive			
		Addre	SS	
	Beverly Hills, FL 34465			
	carduccisal@gmail.com	City/State and	Zip Code	
		used for future ar	nual report notification)	
For further	information concerning this matter, p	lease call:		
	Salvatore Carducci	352	746-7516	
	Name of Person	Area Code	Daytime Telephone Number	
- 1				
	is a check for the following amount:	p	A EUL E P:	Filing Fee,
\$125.00 F	Filing Fee \$130.00 Filing Fee Certificate of Status	Certifie	d Copy Certifications (Copy is enclosed) Certified	ite of Status &
	Mailing Address		treet Address	
	New Filing Section Division of Corporations		New Filing Section Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	(Clifton Building 1661 Executive Center Circle	

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:	
LVC Heritage Group, 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 office of the Limited Liability Com	npany is:

SECRETARY PM 1: 10 ALLAHASSEE FLORID; nited Liability Company, "L.L.C.," or "LLC.")

Principal Office Address:

Mailing Address:

LVC Heritage Group, LLC	LVC Heritage Group, LLC
2157 N. Stampede Drive	2157 N. Stampede Drive
Beverly Hills, FL 34465	Beverly Hills, FL 34465

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Salvatore Carducci		
	Name	
2157 N. Stampede I	Drive_	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Beverly Hills	FL	34465
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

stered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>litle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	Salvatore Carducci
MGR	2157 N. Stampede Drive
	Beverly Hills, FL 34465
	Beverly fills, FL 34403
	<u></u>
Lica attachment if necessary)	•
V: Effective date, if other than the dative date is listed, the date must be filling.)	specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date tive date is listed, the date must be a filing.) the date inserted in this block does no	specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will not
ctive date is listed, the date must be a f filing.)	specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will not
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