L16000090612

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , , ,
PICK-UP WAIT MAIL
_
(Duringer Fathy Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
2
•





400284872684

05/04/16--01018--014 **130.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Heaven Sont Investing 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:
Rebecca Wode Name of Person
Firm/Company
3001 Crest Dr. Address
Clearwater, FR 33759
Er. wade & Ganoo. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Rebecca Wada (727) 804-1508 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee & \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street Address

New Filing 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:			_
(Must end with the words "Lim	Sent nited Liability Company	Tovest, "L.L.C.," or "LLC.")	ing, LL
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited	l Liability Company is:	
Principal Office Address:		Mailing Address:	
3001 Crest Dr Chearmater, F133	7759 C	por Crest D learwater, fo)r 33759
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its canother business entity with an active Florida registr	own Registered Agent.		ual Test Control of the Control of t
The name and the Florida street address of the registress of the r	Name Cre.St	ade Pr.	-4 AM ID: 37 ASSEE FLORID
Florida street add	dress (P.O. Box <u>NOT</u> a ^ WateV	ficceptable) 3 3 75 9	D'
City	State	Zip	
aving been named as registered agent and to accept s lace designated in this certificate. I hereby accept the		•	• •

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

The name and address of each persor Title:	Name and Address:
"AMBR" = Authorized Member "AIGR" = Manager	Eric Wade
AMBR	Chearwater, fc \$3759
<u> </u>	3001 crest D1
	CIECUTO OF THE PARTY OF THE PAR
effective date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days at
CLE V: Effective date, if other than the ceffective date is listed, the date must be te of filing.)	e specific and cannot be more than five business days prior to or 90 days at ot meet the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than the ceffective date is listed, the date must be to of filing.) If the date inserted in this block does no becoment's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 days at ot meet the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than the ceffective date is listed, the date must be to of filing.) If the date inserted in this block does no becoment's effective date on the Department.	ot meet the applicable statutory filing requirements, this date will not be liste ent of State's records.
CLE V: Effective date, if other than the ceffective date is listed, the date must be to of filing.) If the date inserted in this block does no comment's effective date on the Department's ef	ot meet the applicable statutory filing requirements, this date will not be liste ent of State's records.
CLE V: Effective date, if other than the ceffective date is listed, the date must be to of filing.) If the date inserted in this block does no comment's effective date on the Department's ef	ot meet the applicable statutory filing requirements, this date will not be liste ent of State's records.

ARTICLE IV-