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| (Re | questor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | ···· |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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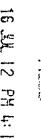
Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: HERON POINT ILC 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: |
| Relph = Piett III Name of Person |
| Pigett Asphelt and Sitework LLC Firm/Company |
| 12 Sher-nel-rea Line Address |
| Crantardville FL 32327 City/State and Zip Code |
| Envistate and zip code Linail address: (to be used for future annual report notification) |
| For further information conversing this matter, please call: |
| Mame of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| Mailing Address Street Address |

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

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| he name of the Limited Liabil | ity Company is: | | | |
|--|--|-------------------------------|-----------------------------|-------------|
| | HERON with the words "Limited Li | POIN | VT LLC | |
| (Must end | with the words "Limited Li | ability Compan | y, "L.L.C.," or "LLC.") | |
| RTICLE II - Address: he mailing address and street: | address of the principal offic | ce of the Limited | d Liability Company is: | |
| Princi | nal Office Address: | | Mailing Addro | ess: |
| 12 Sher-n | rel-rec Lare | | 11 Same |)(|
| Crafted ville | FL 32327 | | | |
| RTICLE III - Registered Ag The Limited Liability Compan | y cannot serve as its own Re | egistered Agent. | | lividual or |
| RTICLE III - Registered Ag The Limited Liability Compan nother business entity with an | y cannot serve as its own Reactive Florida registration.) | egistered Agent. | | ividual or |
| RTICLE III - Registered Ag The Limited Liability Compan nother business entity with an | y cannot serve as its own Reactive Florida registration.) | egistered Agent. | | lividual or |
| RTICLE III - Registered Ag The Limited Liability Compan nother business entity with an | y cannot serve as its own Reactive Florida registration.) | egistered Agent. | | lividual or |
| RTICLE III - Registered Ag The Limited Liability Compan nother business entity with an | y cannot serve as its own Reactive Florida registration.) address of the registered ag | egistered Agent. gent are: | . You must designate an ind | lividual or |
| RTICLE III - Registered Ag The Limited Liability Compan nother business entity with an | y cannot serve as its own Reactive Florida registration.) | gent are: ame el -re, L | . You must designate an ind | lividual or |
| RTICLE III - Registered Ag | y cannot serve as its own Reactive Florida registration.) address of the registered ag Relph F D; 12 5hc-m Florida street address (1 | gent are: yame P.O. Box NOT | . You must designate an ind | lividual or |
| RTICLE III - Registered Ag The Limited Liability Compan nother business entity with an | y cannot serve as its own Reactive Florida registration.) address of the registered ag Relph F D: 12 Sharm | gent are: yame P.O. Box NOT | . You must designate an ind | lividual or |

Having I can aimed as registered agent and to accept service of process for the above stated limited liability company at the place designmed in this certificate, I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relating to the proper and complete profit mance of my duties, and I am families 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

16 JU 12 PH 4: 17

| <u>Title:</u> "AMBR" ≈ Authorized Member | Name and Address: |
|--|--|
| "MGR" = Manager | TIM AVITABLE 1997 JACK CRUM NO |
| MGA | CLANTON DVILLE EL 323 |
| <u> </u> | 12 Sher-mel-rea Lane |
| | |
| | |
| <u> </u> | |
| · | |
| | |
| errective date is listed, the date must be spite of filing.) | e of filing: (OPTIONAL) sectific and cannot be more than five business days prior to or 90 day |
| CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not a comment's effective date on the Department | need the applicable statutory filing requirements, this date will not be be |
| CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not a cument's effective date on the Department CLE VI: Other provisions, if any. | meet the applicable statutory filing requirements, this date will not be be of State a repords. |
| CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not accument's effective date on the Department CLE VI: Other provisions, if any. | meet the applicable statutory filing requirements, this date will not be leaf State a reports. |
| CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not accument's effective date on the Department CLE VI: Other provisions, if any. | meet the applicable statutory filing requirements, this date will not be leaf State a records. |
| CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not a cument's effective date on the Department CLE VI: Other provisions, if any. RECOURED SIGNATURE: | meet the applicable statutory filing requirements, this date will not be leaf State a reports. |
| CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not accument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a manuare that any false constitutes a third degree. | meet the applicable statutory filing requirements, this date will not be to a state a records. The member of an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State ce felony as provided for in s.817.155, F.S. |
| CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not accument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a manuare that any false constitutes a third degree. | meet the applicable statutory filing requirements, this date will not be to a state a records. The member of an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State. |
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ARTICLE IV-