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COVER LETTER

	Pivision of Corporations	
SUBJECT	Heather Womble LLC	
SOBJECT		ne of Limited Liability Company
The enclos	sed Articles of Organization and	fee(s) are submitted for filing.
Please retu	rn all correspondence concernin	g this matter to the following:
	Heather Womble	
		Name of Person
	Heather Womble LLC	
		Firm/Company
	2409 Pirate Court	
		Address
	Jacksonville, FL 32224	
	heather@nflbrokersolutions.com	City/State and Zip Code
•	E-mail address: (to	be used for future annual report notification)
For further in	nformation concerning this matte	er, please call:
	Heather Womble	904 482-2811 at (
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	s a check for the following amou	nt:
\$125.00 Fi	lling Fee \$130.00 Filing F Certificate of St	Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, tatus (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section

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

RTICLE I - Name: he name of the Limited Liability Company is:	
Heather Womble, LLC	
	hility Company "I I C " or "I I C ")
(Must end with the words "Limited Liab RTICLE II - Address:	onity Company, E.E.C., of EEC.
(Must end with the words "Limited Lial RTICLE II - Address: he mailing address and street address of the principal office Principal Office Address:	
RTICLE II - Address: he mailing address and street address of the principal office	of the Limited Liability Company is:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

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

another business entity with an active Florida registration.)

Heather Womble				
	Name			
2409 Pirate Court				
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)		
Jacksonville	FL	32224		
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..

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager Heather Womble MGR	2409 Pirate Court
	Jacksonville, FL 32224
(Use attachment if necessary)	
CLE V: Effective date, if other than the diffective date is listed, the date must be e of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after ot meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
CLE V: Effective date, if other than the diffective date is listed, the date must be e of filing.) If the date inserted in this block does not be a continuous date.	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as
CLE V: Effective date, if other than the diffective date is listed, the date must be e of filing.) If the date inserted in this block does not current's effective date on the Department's CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
CLE V: Effective date, if other than the deffective date is listed, the date must be e of filing.) If the date inserted in this block does not current's effective date on the Department's ef	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records. The control of the control
CLE V: Effective date, if other than the deffective date is listed, the date must be e of filing.) If the date inserted in this block does not current's effective date on the Department's ef	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records. member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)