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Jeffrey C. Sweet, Esquire Korey, Sweet, McKinnon & Simpson Attorneys and Counselors at Law

Robert Kit Korey, P.A.
Jeffrey C. Sweet
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R. Kevin Korey

Suite A, Granada Oaks Professional Building 595 West Granada Boulevard Ormond Beach, FL 32174 Telephone (386) 677-3431 Telefax (386) 677-8436 Email: penny.every@jsweetlaw.com

April 6, 2017

DELIVERED VIA FEDERAL EXPRESS

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

Re: New Filings - American Heros of Florida, LLC and American Heros of Florida, Inc.

To Whom It May Concern:

Enclosed please find original singed Articles of Incorporation for American Heros of Florida, LLC for filing with your office and one copy thereof for certification. Our firm trust account check in the sum of \$78.75 is also enclosed in payment of the various fees.

Also enclosed are original Articles of Organization for American Heros of Florida LLC for filing with your office and one copy thereof for certification. Our firm trust account check in the sum of \$155.00 is enclosed in payment of the various fees.

Please be advised that Lawrence A. Pallante is the sole Owner, Shareholder and Subscriber for both companies.

If you have any questions, please call me at (386) 677-3431. Thanking you in advance for your attention to this matter, I remain,

Very truly yours.

JCS/pke Enclosures Jeffere Swee

COVER LETTER

	ew Filing Section ivision of Corporations				
SUBJECT	AMERICAN HEROS OF FLORI	DA, LLC			
Name of Limited Liability Company					
The enclos	ed Articles of Organization and fee(s) are submitted	for filing.		
Please retu	rn all correspondence concerning this	matter to the fo	ollowing:		
	Penny K. Every				
		Name of	Person		
	Jeffrey C. Sweet, Esquire		, manufic.		
		Firm/Cor	npany		
	595 W. Granada Blvd., Suite A		ા. ! !		
		Addre	SS TO		
	Ormond Beach, FL 32174		<u>ග</u>		
,	penny.every@jsweetlaw.com	City/State and	Zip Code (V)		
-	E-mail address: (to be us	sed for future ar	nual report notification)		
For further in	nformation concerning this matter, ple	ease call:			
	Penny K. Every	386	677-3431		
,	Name of Person	Area Code	Daytime Telephone Number		
Enclosed is	a check for the following amount:				
\$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	Certifie	Spiling Fee & Spiling 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	1 1 0 2	Street Address New Filing Section Division of Corporations Clifton Building 661 Executive Center Circle Fallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:						
The name of the Limited Liability Company is:						
AMEDICAN DEDO	S OF FLORIDA, LLC					
	nin the words "Limited l	Liability Company	"IIC "or "IIC")			
(Widst conta	ini the words Ellinted	Biaomity Company,	E.E.C., of EEC.			
ARTICLE II - Address:						
The mailing address and street ac	ldress of the principal o	ffice of the Limited	Liability Company is:			
<u>Princips</u>	al Office Address:		Mailing Address:			
933 Beville Road						
Unit 101-D						
South Daytona, FL 3	2119					
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:						
Lawrence A. Pallante						
Name						
933 Beville Road, Unit 101-D						
Florida street address (P.O. Box NOT acceptable)						
	South Daytona	FL	32119			
	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Lawrence A. Pallante
	933 Beville Road, Unit 101-D
	South Daytona, FL 32119
	
-	
	
•	
(Use attachment if necessary)	
(If an effective date is listed, the date must be speci the date of filing.)	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed as State's records.
•	
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
	allente
-/aurence 121	accepto
V Signature of a mem	ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes.
I mis document is executed	of the accordance with section 603.0203 (1) (0), Florida Statutes.
r am aware mar any laise if	elony as provided for in s.817.155, F.S.
constitutes a time degree is	only as provided for in statistics, i.e.
Lawrence A. Pallan	te
	Typed or printed name of signee

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company:

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)