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PICK-UP WAIT MAIL		
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: BORDER REIVER HERITAGE SOCIETY 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:
CAROL BEATTIE SELBIGER Name of Person
BORDER REIVER HERITAGE SOCIETY Firm/Company
3347 LAKE VIEW CIRCLE Address
MELBOURNE, FLORIDA 32934 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CAROL BEATTIE SELBIER 321 403 - 4675 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status S155.00 Filing Fee & S160.00 Filing Fee, CHECK*/100 (additional copy is enclosed) S160.00 Filing Fee, CHECK*/100 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

The name of the Limited Liability Company is:	
BORDER	REIVER HERITAGE SOCIETY, LLC.
(Must contain the words "L	imited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name: -

The mailing address and street address of the principal office of the Limited Liability Company is:

Frincipal Office Address:	Maning Address:
3347 LAKE VIEW CIRCLE MELBOURNE, FL.	3347 LAKE VIEW CIRCLE MELBOURINE, FL.

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:

Data da el Oscio e a del con-

CAROL BEATTIE SELBIGER
Name

3347 LAKE VIEW CRCLE

Florida street address (P.O. Box NOT acceptable)

MELBOURNE, FLORDA 32934

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 (RESUIRED)

(CONTINUED)

HVISION OF CORPORATION.

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The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager FOUNDER-1916K 07004 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. MY PLAN IS TO START THE HERITAGE & SOCIETY AS AN C.L.C. AND RAISE ENOUGH SUPPORT TO BECOME A NOT FOR PROFIT WITH IN 5 YEARS.

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signce

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)

REQUIRED SIGNATURE:

ARTICLE IV-

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