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(Re	equestor's Name)	
(Ac	ddress)	
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(Cı	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bı	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

FILED

TO: New Filing Section Division of Corporations	289 OCT -7 AM 9: 59
SUBJECT: Southern Huitage to Name of Limited Liability Com	pany Florida LLC
The enclosed Articles of Organization and fee(s) are submitted for filing	g
Please return all correspondence concerning this matter to the following	3···
Brian Pitts Name of Person	
Southern Heritage Home	1 of Northwest Florida ALC
4911 Plantation Trai	
Audiess	
City/State and Zip Co	a.d
nttiniumbinalic 2 am	ail, cun
PHI DIUMBING IIC Dam E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please call;	
Name of Person Area Code Days	ime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \times S130.00 Filing Fee & Certified Copy (additional copy in the copy in	Certificate of Status &

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:	FILEU
Southern Heritage Homes (Must contain the words "Limited Liability Compa	of Northwest Florida Lice
ARTICLE II - Address: The mailing address and street address of the principal office of the Lim	nited Liability Company is:
Principal Office Address:	Mailing Address:
4911 Plantation Trail Chipicy FL 32428	Siame
ARTICLE III - Registered Agent, Registered Office, & Registered / (The Limited Liability Company cannot serve as its own Registered Age another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Brian Pitts Name	
4911 Plantation	Trail
Florida street address (P.O. Box <u>SC</u>	·
Chipley FZ City State	321428 /in
laving been named as registered agent and to accept service of process fo lace designated in this certificate. I hereby accept the appointment as regi orther agree to comply with the provisions of all statutes relating to the pro- m familiar with and accept the obligations of my position as registered ag	r the above stated limited liability company at the istered agent and agree to act in this capacity. I oper and complete performance of my duties, and I gent as provided for in Chapter 605, F.S
Registered Agent's Si	gnature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:	2879 OCT - 7 AK 9:	
"MGR" = Manager	a da para Pida		
<u>mgr</u>	Hall Plantati	on Trail	
	Chapley P. 3.	2428	
	<i>V</i> ,		
			
		 	
			
			
(Use attachment if necessary)	e e r	ONTIONAL	
(Use attachment if necessary) LE V: Effective date, if other than the date ffective date is listed, the date must be sperof filing.) If the date inserted in this block does not trument's effective date on the Department	ecific and cannot be more than five haneive the applicable statutory filing req	usiness days prior to or 90 day	
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Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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