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Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 507218, AUTHORIZATION FOR BULLETIA \$ 125.00 COST LIMIT : ` ORDER DATE : February 17, 2023 ORDER TIME: 1:35 PM ORDER NO. : 507218-005 CUSTOMER NO: 7175508 DOMESTIC FILING NAME: HECKLER PROPERTIES LLC EFFECTIVE DATE: \_ ARTICLES OF INCORPORATION \_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CERTIFIED COPY
XX PLAIN STAMPED COPY

\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

1201 Hays Street

# **COVER LETTER**

TO:

**New Filing Section** 

Di	vision of Coi	rporations			
SUBJECT:		R PROPERTIES LLC			
SUBJECT.		Name of	Limited Liabil	ity Company	
The enclose	d Articles of	Organization and fee(s	) are submitted	for filing.	
Please retur	n all correspo	ondence concerning this	s matter to the f	following:	
	Gwen M. Bu	llington			
•			Name of	Person	
	Levenfeld Po	earlstein, LLC			
•		··	Firm/Co	mpany	
	120 South R	iverside Plaza, Suite 18	300		
			Addr	ess	
	Chicago, Illi	nois 60606			
1 <sub>1</sub>	pagents@lple	egal.com	City/State an	d Zip Code	
_	E	E-mail address: (to be u	sed for future a	nnual report notificat	ion)
For further in	formation co	ncerning this matter, pl	ease call:		
(	Gwen M. Bu	lington at	312	476-7708	
_	Nam	e of Person		Daytime Telephon	e Number
Enclosed is	a check for th	ne following amount:			
□\$125.00 I	Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certifie	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address		Street Address	
		lling Section on of Corporations		New Filing Section D The Centre of Tallaha	
	P.O. B	ox 6327		2415 N. Monroe Stre	et, Suite 810
	Tallaha	issee, FL 32314		Tallahassee, FL 3230	3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability	Company is:					
HECKLER PROPER		I intilia.				
(Must conat	in the words Limited	Liability Comp	pany, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street add	dress of the principal	office of the Li	mited Liability Company is:	:		
<u>Principa</u>	Office Address:		Mailing Ad	ddress:		
1223 Beacon Street New Smyrna Beach, F	Florida 32169		1223 Beacon Street New Smyrna Beach, Flori	da 32169		
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an act	cannot serve as its owi etive Florida registrati	n Registered Ag on.)		individual or	2023 FEB 17	ಬಿಕ್ಕಾರ್ಡ್
	Corporation Service	_			[8]	estation (No.
		Name		188F		
	1201 Hays Street			्राण्य जिल्हा	E.	
	Florida street addre	ss (P.O. Box <u>N</u>	OT acceptable)	175	AH 9: 00	قريبة
	Tallahassee	FL	32301	77	00	
	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.,

Corporation Service Company
Ey Line Out

Registered Agent's Signature (REQUIRED)

(CONTINUED)

### ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	Donald E. Heckler	
	1223 Beacon Street	
	New Smyrna Beach, Florida 32169	<del></del>
AMBR	Cecelia M. Heckler	
	1223 Beacon Street	
	New Smyrna Beach, Florida 32169	
		2023 FEB
MGR	Zachary A. Heckler	
MON	3141 Oak Street	
	Lakewood, Colorado 80215	
		7 7
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(Use attachment if necessary)		
(If an effective date is listed, the date must the date of filing.)	be specific and cannot be more than five business days priors not meet the applicable statutory filing requirements, this date the transfer of State's records.	or to or 90 days after
ARTICLE VI: Other provisions, if any.		
REOUIRED SIGNATURE:	Mgmuli	

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.

Maribeth G. Berlin, Authorized Representative
Typed or printed name of signee

### 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)