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FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 05/31/2024

NAME: HEG OP 29, LLC

TYPE OF FILING: ARTICLES

COST: 125.00

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AUTHORIZATION: ABBIE/PAUL HODGE	MM 9: 47

COVER LETTER

TO: New Filing Section Division of Corporations

HEG OP 29, LLC

SUBJECT: _

For

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:

Corey Schwartz

Name of Person

HEG

Firm/Company

3551 N 55th Ave

Address

Hollywood, FL 33021

E-mail address: (to be used for future annual report notification)		1	2024 HAY	
nformation concerning this matter, please call:			Y 31	

Enclosed is a check for the following amount:

■S125.00 Filing Fee □S130.00 Filing Fee & □S155.00 Filing Fee & Certificate of Status (additional copy is enclosed)

□S160.00 Filing 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 Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE1 - Name:

The name of the Limited Liability Company is:

HEG OP 29, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
3551 N 55th ave	3551 N 55th Ave
Hollywood, FL 33021	Hollywood, FL 33021

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Corey Schwartz

(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:

Name

3551 N 55th Ave Florida street address (P.O. Box NOT acceptable)

Hollywood 33021 FL State Zip City

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 A further agree to comply with the provisions of all statutes relating to the proper and complete performance of m Ptutities, and l further agree to comply with the provisions of an statute relation g and gŦ

Corey Schwarts Registered Agent's Signature (REQUIRED)

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(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Corey Schwartz 3551 N 55th AVe Hollywood, FL 33021
AMBR	Yehuda Hersh 2843 Pembroke Rd. Suite 2 Hollywood. FL 33020
MGR	Tampa HEG JC. LLC 3551 N 55th Ave Hollywood. FL 33021

(Use attachment if necessary)

____. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: 6/1/24 ____ (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 2 the document's effective date on the Department of State's records. MM 11

ARTICLE VI: Other provisions, if any.

REOUIRED SIGNATURE:

Corey Schwartz

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.

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Corev Schwartz

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)