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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:

06/07/2024

NAME: 13 HEARTWOOD STREET LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liab	pility Company is:			
3 7				
13 Heartwood Stree	et LLC			
(Must e	nd with the words "Limited	Liability Co	npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and stree	et address of the principal o	ffice of the L	mited Liability Company is:	
Prince	cipal Office Address:		Mailing Add	ress:
13 Heartwood St			13 Heartwood St	
Inlet Beach, FL 324	61		Inlet Beach, FL 32461	
-				
(The Limited Liability Companion another business entity with a The name and the Florida street	an active Florida registratio	n.) agent are:	gent. You must designate an in	ndividual or
	PARACORP INCORPORATED Name			
		rame		
	155 OFFICE PLAZA D			
	Florida street address (P.O. Box <u>NOT</u> acceptable)			
	TALLAHASSEE	FL	32301	
	City	State	Zip	
place designated in this certifica further agree to comply with the	ate. I hereby accept the appo e provisions of all statutes re e obligations of my position of SEE ATT	pintment as re plating to the p as registered of FACHED cred Agent's	for the above stated limited lial gistered agent and agree to according and complete performangent as provided for in Chapte Signature (REQUIRED)	t in this capacity. I nce of my duties, alæl
		(CONTIN	JED)	<i>-</i> ≥ -

Page 1 of 2

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Cameron Hemphill
<u> </u>	13 Heartwood St, Inlet Beach, FL 32461
	
(Use attachment if necessary)	
ate of filing.)	ing: (OPTIONAL) and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
locument's effective date on the Department of Sta	ite's records.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member : This document is executed in accordance with section 605.0203 (1) (b), Florido Statutes I am aware that any false information submitted in a data. 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.

> Frances Severe 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)

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 6/6/2024

ENTITY NAME: 13 Heartwood Street LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated