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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	10/16/2024			
	Cheyanne Davis	_		
Reference #	2529372	_		
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F: 800.944.6607



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Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	10/16/2024			
Name:	Cheyanne Davis	_		
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Authorized A	Amount: \$125.	<b>XO</b>		
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F: +852.2682.9790

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Heyman Joint Investments, 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 Addre	<u>ss</u> :	
785 NE 70th St. Same  Boca Raton, FL 33487		
(The Limited Liability Company cannot serve as its own Registered Agent, You must designate an indi	; vidual or	2024 CCT j
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indianother business entity with an active Florida registration.)	i vidual or	2024 CCT 18
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indianother business entity with an active Florida registration.)	· .	18 7::
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 indianother business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  Cogency Global Inc. Name	· .	*****

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.

State

City

KataMiculon Katie Nicholson, Assisant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Susan Heyman 785 NE 70th St. Boca Raton, FL 33487 (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.

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), 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.

Brandon C. Dixon

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)