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J. KELLY KENNEDY

CYNTHIA CROFOOT RIGNANESE

MAILING ADDRESS:

POST OFFICE BOX 7604

WINTER HAVEN, FLORIDA 33883-7604

December 27, 1995

Mrs. Sandra B. Mortham,  
Secretary of State  
The Capitol  
Tallahassee, Florida 32304

L95001001009

RE: HEDDON DEVELOPMENT, L.C.

800001675198  
-01/02/96--01042--019  
\*\*\*337.50 \*\*\*337.50

Dear Mrs. Mortham:

Enclosed herewith for filing are Articles of Organization, Affidavit of Capital Contributions and Designation of Registered Agent for the above-captioned entity. A copy of the Articles of Organization, Affidavit of Capital Contributions and Designation of Registered Agent are also enclosed to be certified and returned to the undersigned.

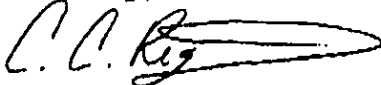
My client's check in the amount of \$337.50 is enclosed to cover the following costs:

Filing Fee.....	\$250.00
Certified Copy.....	52.50
Registered Agent Form.....	35.00
Total	\$337.50

Thank you for your cooperation in this matter.

Please allow my facsimile signature at the bottom of this letter to serve as original.

Sincerely,




CYNTHIA CROFOOT RIGNANESE

CCR/rh

Enclosures

FILED  
55 DEC 29 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/29/95  




FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

December 28, 1995

UCC FILING & SEARCH

TALLAHASSEE, FL 32301

SUBJECT: HEDDON DEVLEOPMENT, L.C.  
Ref. Number: W95000025106

We have received your document for HEDDON DEVLEOPMENT, L.C. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6904.

Freida Chesser  
Corporate Specialist

Letter Number: 795A00055631

## OFFICE USE ONLY (Document #)

## UCC FILING &amp; SEARCH SERVICES

(Requestor's Name)

526 EAST PARK AVENUE SUITE 200

(Address)

TALLAHASSEE, FL 32301 (904) 681-6528

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

## CORPORATION NAME(S) &amp; DOCUMENT NUMBER(S) (if known):

1. Heddon Development, L.C.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time \_\_\_\_\_

☐ Mail out ☐ Will wait

☐ Photocopy

☒ Certified Copy

☐ Certificate of Status

☐ CERTIFICATE OF GOOD STANDING

☐ ARTICLES ONLY

☐ ALL CHARTER DOCS

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

☐ Certificate of FICTITIOUS NAME

☐ FICTITIOUS NAME SEARCH

☐ CORP SEARCH

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**HOLD FOR  
PICKUP BY  
UCC SERVICES**

**ARTICLES OF ORGANIZATION  
OF**

**HEDDON DEVELOPMENT OF POLK COUNTY, FL**

**ARTICLE I: NAME**

The name of this Limited Liability Company shall be **HEDDON DEVELOPMENT OF POLK COUNTY, L.C.**

**ARTICLE II: DURATION**

This Limited Liability Company shall exist for a period of Thirty (30) years from the date of filing with the Secretary of State of the State of Florida.

**ARTICLE III: PURPOSE**

This Limited Liability Company is organized for the purpose of transacting any and all lawful business, except that special statutes for the regulation and control of specific types of business shall control when in conflict herewith.

**ARTICLE IV: PLACE OF BUSINESS**

The place of business of this Limited Liability Company shall be at the following street address: 1025 North Alternate 27, Lake Hamilton, Florida 33851, and such other place or places as the members from time to time may determine, and the mailing address of this Limited Liability Company shall initially be at the following address: P.O. Box 340, Lake Hamilton, Florida 33851.

**ARTICLE V: INITIAL REGISTERED AGENT AND OFFICE**

The initial registered agent of the Limited Liability Company shall be **WILL HEDDON**. The initial registered office address shall be 1025 North Alternate 27, Lake Hamilton, Florida 33851.

**ARTICLE VI: CAPITAL CONTRIBUTION**

The initial amount of cash capital contributions is \$100.00, and the anticipated cash capital contributions are \$249,900.00, which will be contributed by the members.

**ARTICLE VII: MANAGEMENT**

The Limited Liability Company will be managed by a Manager or Manager(s). Manager(s) need not be members. **WILL HEDDON** and **ADRIANO FEOLI** shall serve as Managers until the first annual meeting of members or until their successors are elected and qualify. The names and addresses of the initial Managers are:

**WILL HEDDON**  
1025 North Alternate 27  
Lake Hamilton, FL 33851

**ADRIANO FEOLI**  
1025 North Alternate 27  
Lake Hamilton, FL 33851

FILED  
95 DEC 29 10:01  
HEDDON  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VIII: ADMISSION OF ADDITIONAL MEMBERS**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be: No additional members are to be admitted as members of the company except by the unanimous vote of the subscribers.

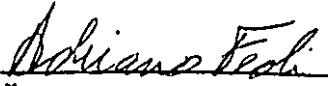
**ARTICLE IX: MEMBERS RIGHTS TO CONTINUE BUSINESS**

Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the company, the remaining member or members, may, by consent in writing, continue the business of the company.

IN WITNESS WHEREOF, THE PARTIES HERETO HAVE EXECUTED THESE ARTICLES OF ORGANIZATION.

FILTROS NACIONALES, S.A.  
(a/k/a FILNASA),  
a COSTA RICAN corporation

  
\_\_\_\_\_  
WILL HEDDON, Manager and Member

  
\_\_\_\_\_  
Member  
BY: ADRIANO FEOLI  
ITS: Vice President

  
\_\_\_\_\_  
ADRIANO FEOLI, Manager

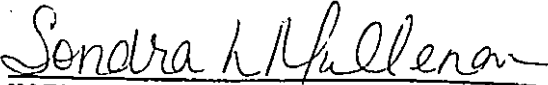
STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was signed before me this 1st day of March, 1995 by WILL HEDDON, individually, and ADRIANO FEOLI, individually and as Vice President of FILTROS NACIONALES, S.A. (a/k/a FILNASA), a COSTA RICAN corporation, who personally appeared before me, who are known to me to be the persons who executed the foregoing Articles of Organization and are personally known to me.

(S E A L)



SONDRA L. MULLENAX  
My Commission CC503347  
Expires Oct. 18, 1999

  
\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA  
PRINTED NAME: SONDRA L. MULLENAX  
COMMISSION NUMBER: CC503347  
COMMISSION EXPIRES: 10/18/99

**REGISTERED AGENT ACCEPTANCE**

Having been named as registered agent, to accept service of process  
HEDDON DEVELOPEMENT OF POLK COUNTY, L.C. at the place designated, I hereby  
accept the appointment as Registered Agent, and state that I am  
familiar with and accept the duties, obligations and  
responsibilities as Registered Agent.

Dated March 1, 1995.

  
\_\_\_\_\_  
WILL HEDDON, REGISTERED AGENT

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR HEDDON DEVELOPMENT OF POLK COUNTY, L.C.**

STATE OF FLORIDA  
COUNTY OF POLK

I HEREBY CERTIFY that on this day before me, the undersigned Notary Public, authorized in the State and County named above to administer oaths, personally appeared the undersigned, who, after being by me first duly sworn, says upon oath:

1. This Affidavit relates to HEDDON DEVELOPMENT OF POLK COUNTY, L.C. a Florida limited liability company;

2. That HEDDON DEVELOPMENT, L.C., a Florida limited liability company, has three (3) members as follows:

FILTROS NACIONALES, S.A., (a/k/a FILNASA), a Costa Rican corporation;

WILL HEDDON; and

PLAZA UNO, S.A., a Costa Rican corporation.

3. That the initial cash contribution of the members is \$100.00;

4. That the cash amount anticipated to be contributed by the members is \$249,900.00;

5. That this Affidavit is to comply with Section 608.407(2) of the Florida Limited Liability Company Act of the Florida Statutes;

6. Affiants state that they are familiar with the nature of an oath; and with the penalties as provided by the laws of the State of Florida for falsely swearing to statements made in an instrument of this nature. Affiants further certify that they have read the full facts of this Affidavit, and understand its context.

Signed, Sealed and Delivered  
in the Presence of:

FILTROS NACIONALES, S.A.,  
(a/k/a FILNASA),  
a COSTA RICAN corporation

BY: Adriano Feoli  
ITS: Vice President

Richard Jones  
(Witness)  
(Printed Name of Witness)

Linda S. Taylor  
(Witness)  
(Printed Name of Witness)

Mailing Address:  
1027 N. Alt. Highway 27  
Lake Hamilton, FL 33851

*Richard Jones*  
(Witness)  
Richard Jones  
(Printed Name of Witness)

*Will Heddton*  
WILL HEDDON

Mailing Address:  
1027 N. Alt. Highway 27  
Lake Hamilton, FL 33851

*Linda S. Taylor*  
(Witness)  
Linda S. Taylor  
(Printed Name of Witness)

STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was signed before me this 1st day of March, 1995 by WILL HEDDON, individually, and ADRIANO FEOLI, as Vice President of FILTROS NACIONALES, S.A. (a/k/a FILNASA), a COSTA RICAN corporation, who personally appeared before me, who are known to me to be the persons who executed the foregoing Articles of Organization and are personally known to me.

(S E A L)



SONDRA L MULLENAX  
My Commission CC503347  
Expires Oct. 18, 1999

*Sondra L. Mullenax*  
NOTARY PUBLIC, STATE OF FLORIDA  
PRINTED NAME: SONDRA L. MULLENAX  
COMMISSION NUMBER: CC503347  
COMMISSION EXPIRES: 10/18/99



**FILE NOW: Fee after May 1, will be \$263.75**

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Motham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

96 MAR 18 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE**  
**\$ 238.75**

Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee

**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1 Name and Mailing Address  
of Limited Liability Company

**DOCUMENT #L95000001009**

HEDDON DEVELOPMENT OF POLK COUNTY, L.C.  
POST OFFICE BOX 340  
LAKE HAMILTON FL 33851

1c. Principal Place of Business Address

1025 NO. ALTERNATE 27  
LAKE HAMILTON FL 33851

al  
3-19

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2 Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

12/29/1995

3a. State of Formation

FL

4. FEI Number

59-3352517

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

☐ Additional ☐ Required

7. Name and Address of Current Registered Agent

HEDDON, WILL  
1025 NO. ALTERNATE 27  
LAKE HAMILTON FL 33851

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

**FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

Will Heddon

DATE February 7, 1996

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM HEDDON, WILL

1025 NO. ALTERNATE 27

LAKE HAMILTON FL

MGRM FEOLI, ADRIANO

1025 NO. ALTERNATE 27

LAKE HAMILTON FL

800001751628  
-03/20/96--01105--018  
\*\*\*238.75 \*\*\*238.75

11 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with the address.

**SIGNATURE:**

Will Heddon

February 7, 1996 (941)439-1904