

L25000026547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

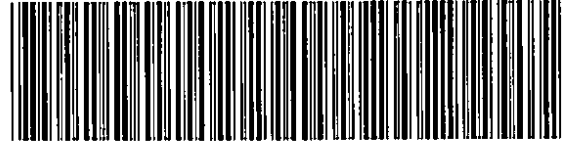
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/08/25--01028--014 **125.00

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T.S.H
1/17/25

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HEIGHTS HAVEN RENTALS, LLC
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:

BRYAN J. STANLEY, ESQ.
Name of Person
BRYAN J. STANLEY, P.A.
Firm/Company
209 TURNER STREET
Address
CLEARWATER, FL 33756
City/State and Zip Code
BRYAN@BRYANJSTANLEY.COM
E-mail address: (to be used for future annual report notification)

2025 JAN -8 PM 12:10
CORPORATION

For further information concerning this matter, please call:

BRYAN J. STANLEY 727 461-1702
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

HEIGHTS HAVEN RENTALS, 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:

4772 CASTLEWOOD DRIVE S.W.
LILBURN, GA 30047

Mailing Address:

P. O. BOX 870295
STONE MOUNTAIN, GA 30087

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 individual or another business entity with an active Florida registration.)

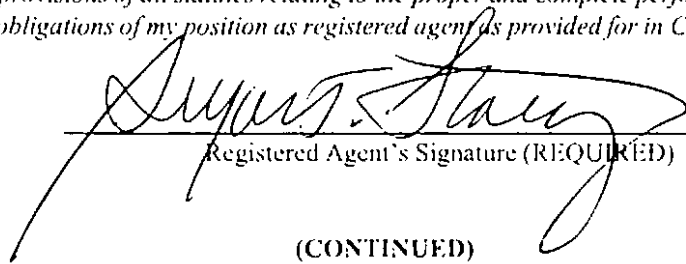
The name and the Florida street address of the registered agent are:

BRYAN J. STANLEY, P.A.
Name

209 TURNER STREET
Florida street address (P.O. Box **NOT** acceptable)

CLEARWATER FL 33756
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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TAMPA, FL

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

MGR

MAURICE REYNOLDS
P.O. BOX 870295
STONE MOUNTAIN, GA 30087

(Use attachment if necessary)

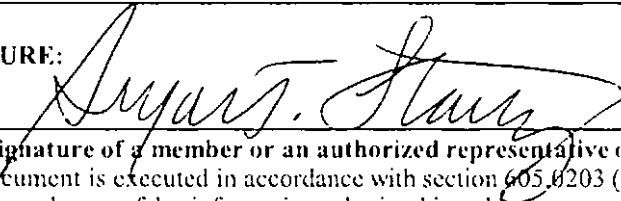
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

BRYAN J. STANLEY

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)

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BRYAN J. STANLEY, P.A.

ATTORNEY AT LAW

209 TURNER STREET
CLEARWATER, FLORIDA 33756

TELEPHONE (727) 461-1702
FACSIMILE (727) 461-1764
EMAIL: BRYAN@BRYANJSTANLEY.COM

January 7, 2025

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Heights Haven Rentals, LLC-Articles of Organization
Our File No.11159-0001

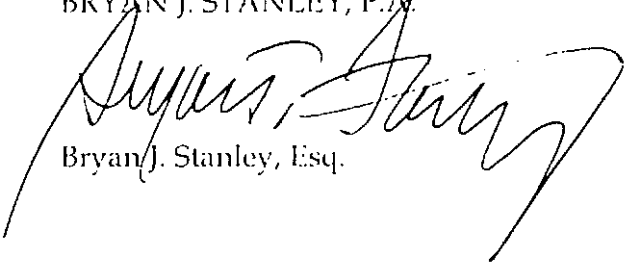
Ladies and Gentlemen:

Enclosed herewith please find the Cover Letter and Articles of Organization of Heights Haven Rentals, LLC.

We also enclose this firm's check in the amount of \$125.00 which represents payment of the related filing fees. Following the filing of the above-referenced Articles of Organization, please direct your letter acknowledging same to the undersigned. Thank you for your prompt attention to this matter.

Sincerely,

BRYAN J. STANLEY, P.A.


Bryan J. Stanley, Esq.

BJS/mf
Enclosures

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