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SION OF CORPORATIONS

COVER LETTER ...

TO: Registration Section Division of Corporations
SUBJECT: Hill Coke & Associates LLC. (Name of Limited Liability Company)
(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:
Carolann Coke (Name of Person) Hill Coke & Associates Llac (Firm/Company)
(Name of Person)
Hill Coke & Associates Llac
13762 State Road 84 (Address)
(Address)
Fort Lauderdale FL 33325 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
CarDan Coke at 954 802 1945 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Copy (addition
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Hill Coke & Asso (Must end with the words "Limited Liability	Ociates LLC Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13762 State Road 84 Fort Londydau FL 33325	Same
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	
The name and the Florida street address of the reg	ristered agent are:
Carolann Co	he
13762 State	_

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 608, F.S..

Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

City, State, and Zip

(CONTINUED)
Page 1 of 2

SECKE JARY OF STATE
DIVISION OF COMPCIATIONS

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR R	Caiblann Coke 13762 State Rd 84 Fort Lawderddle Rc 3332
NOMEON CONTROL	
	
(Use attachment if necessary)	
CLE V: Effective date, if other than the ffective date is listed, the date must b days after the date of filing.)	e date of filing: (OPTION) be specific and cannot be more than five business da
REQUIRED SIGNATURE:	
Signature of a member	er or an authorized representative of a member.
(In accordance with se	ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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Typed or printed name of signee