

Division of Corporations

**L22000125484**  
Florida Department of State  
Division of Corporations  
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TO:  
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To: Division of Corporations  
Fax Number : (850)617-6381

Account Name : LAW OFFICE OF CONRAD WILLKOMM, P.A.  
Account Number : I20200000174  
Phone : (239)262-5303  
Fax Number : (239)262-6030

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: info@hillcocpa.com

**FLORIDA LIMITED LIABILITY CO.  
HIX Sandhill Blvd, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

HL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HIX Sandhill Blvd, 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:

Conrad Willkomm, Esq.  
Name of Person  
Law Office of Conrad Willkomm, P.A.  
Firm/Company  
3201 Tamiami Trail North, 2nd Floor  
Address  
Naples, Florida 34103  
City/State and Zip Code  
conrad@swfloridalaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Conrad Willkomm, Esq. 262 262-5303  
Name of Person at (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 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:

HIX Sandhill Blvd, L.L.C

(Must end with 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:

24440 Sandhill Blvd.
Port Charlotte, Florida 33983

Mailing Address:

804 Nicholas Pkwy E, Ste. 1
Cape Coral, FL 33990

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:

Hill, Thomas W. C/O Hill & Company, CPA, PA

Name

804 Nicholas Pkwy. East, Ste. 1

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

Cape Coral Florida 33990

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 and 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.

Handwritten signature of Thomas W. Hill
Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	Alvega Corporation, a Florida corporation
"MGR" = Manager	804 Nicholas Pkwy E, Ste. 1
MGR	Cape Coral, FL 33990
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(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. This is a manager managed company. Any manager may take any action on behalf of the company without consent of the members or other manager(s).

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**REQUIRED SIGNATURE:**

*R. Lohbeck*  
Dr. Rolf Lohbeck (3/28/2022 01:12:42 PM)

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.

Dr. Rolf Lohbeck  
\_\_\_\_\_  
Typed or printed name of signer

**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)