L02000025766

ACCOUNT NO.: 072100000032

REFERENCE: 765994 81514A

AUTHORIZATION : atricia light

COST LIMIT : \$ 155.00

ORDER DATE : October 1, 2002

ORDER TIME : 10:52 AM

ORDER NO. : 765994-005

CUSTOMER NO: 81514A

CUSTOMER: Ms. Billie Ott Troiano & Roberts

Trolano & Roberts
P. O. Drawer 829

317 South Tennessee Avenue

Lakeland, FL 33801

DOMESTIC FILING

NAME: H

HILLTOP GARDENS, L.L.C.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

Name
Availability

PLAIN STAMPED COPY

Document CERTIFICATE OF GOOD STANDING

Examiner CONTACT PERSON: Norma Parramore - EXT. 1147

Updater DCC EXAMINER'S INITIALS:

Updater Verifyer DCC

Acknowledgement DCC

W. P. Verifyer DCC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The Name of the Limited Liability Company is: HILLTOP GARDENS, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company are:

- a: Mailing Address: 12717 W. Sunrise Blvd., #187, Sunrise, FL 33323
- b: Street Address: 12717 W. Sunrise Blvd., #187, Sunrise, FL 33323

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

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

VICTOR J. TROIANO					
	Name				-
Florida stre	317 E. Tennessee Av et address (Post Office Box <u>I</u>	enue NOT acceptable)			
-	Lakeland, FL 33801 City, State and Zip		, · · ·		e ·
Having been named as registered a company at the place designated in agree to actin this capacity. I furthe and complete performance of my duregistered agent as provided for in C	this certificate, I hereby accept r agree to comply with the provis Ities, and I am familias with and	the appointment as regis sions of all statutes relat	stered agent and	d er	V: 45
				3 - [-	- <u>1</u>
	Registered Agent's Signa	ture			
ARTICLE IV – Management The Limited Lia managers and	(Check applicable box) ability Company is to be m is, therefore, a manager –	anaged by one mar managed company	SECRETARY OF PALLAHASSEE, F	02 0CT -1 PM	FILED
X The Limited Lia members and	ability Company is to be mais, therefore, member - m	anaged by one men nanaged company.	nber or STATE	2: 09	
	Kelbie		<u> </u>		٠
oignature of a mer	mber or an authorized repres	entative of a member.			

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts

ISAAC KELBIE

Typed or printed name of signee

stated herein are true.)