

L0400057638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

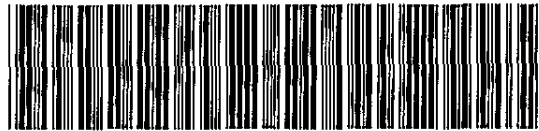
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900038730329

2004-08-04 10:10:44 155.00

FILED
04 AUG -4 AM 10:44
SEC. OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

04 AUG -4 10:25
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Hillview, LLC

FILED
04 AUG -4 AM 10:44
TALLAHASSEE, FLORIDA

☐ Art of Inc. File _____
☐ LTD Partnership File _____
☐ Foreign Corp. File _____
☒ L.C. File _____
☐ Fictitious Name File _____
☐ Trade/Service Mark _____
☐ Merger File _____
☐ Art. of Amend. File _____
☐ RA Resignation _____
☐ Dissolution / Withdrawal _____
☐ Annual Report / Reinstatement _____
☒ Cert. Copy _____
☐ Photo Copy _____
☐ Certificate of Good Standing _____
☐ Certificate of Status _____
☐ Certificate of Fictitious Name _____
☐ Corp Record Search _____
☐ Officer Search _____
☐ Fictitious Search _____
☐ Fictitious Owner Search _____
☐ Vehicle Search _____
☐ Driving Record _____
☐ UCC 1 or 3 File _____
☐ UCC 11 Search _____
☐ UCC 11 Retrieval _____
☐ Courier _____

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

ARTICLES OF ORGANIZATION

OF

HILLVIEW, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608 and F.S. Chapter 621, hereby make acknowledge, and file the following Articles of Organization.

FILED
04 AUG - 11 AM 10:44
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE I - NAME:

The name of the limited liability company shall be:

Hillview, LLC

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the company shall be:

1161 Fraser Pines Boulevard
Sarasota, Florida 34240

ARTICLE III - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the State of Florida is:

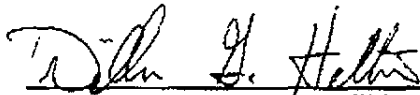
John E. Napolitano, Esquire
100 Wallace Avenue, Suite 240
Sarasota, FL 34237

Having been named as the 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.


John E. Napolitano, Esquire
Registered Agent

ARTICLE IV – MANAGEMENT (Check box if applicable.)

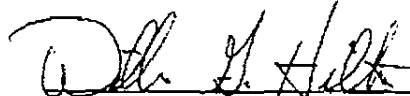
☒ The Limited Liability Company is to be managed by one manager and is, a member managed company.



William G. Hilton
Signature of 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 stated herein are true.)

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these articles of organization in Sarasota, Florida, on this 3rd day of August, 2004.



William G. Hilton
Manager

STATE OF FLORIDA
COUNTY OF SARASOTA

Sworn to and subscribed before me this 3rd day of August, 2004, by William G. Hilton, who is personally ☒ known to me or ☐ produced _____ as identification.



Kathleen Curtin
MY COMMISSION # DD108599 EXPIRES
April 14, 2006
BONDED THROUGH TROY FAIN INSURANCE, INC.



Notary Public – State of Florida

(Seal)