

L04000092965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

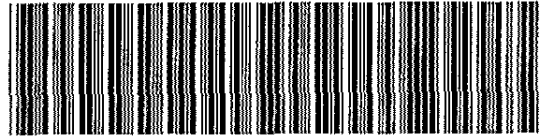
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12/23/04--01004--012 **155.00

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04 DEC 23 PM 1:22

STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 DEC 23 AM 11:15

STATE
TALLAHASSEE, FLORIDA
DATE
TIME
ADDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
04 DEC 23 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT: TRICIA TADLOCK
DATE: 12-23-04
REF. #: 0333.33198
CORP. NAME: HILLIARD FARM 7, LLC

- | | | |
|------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 510814 FOR \$ 155.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|----------------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION
OF
HILLIARD FARM 7, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article I - Name

The name of the Limited Liability Company is:

HILLIARD FARM 7, LLC

Article II - Address

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

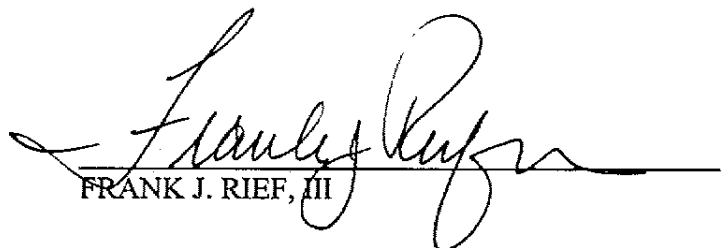
5500 Flaghole Road
Clewiston, FL 33440

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

The name and street address of the registered agent are:

Frank J. Rief, III
442 West Kennedy Boulevard, Suite 340
Tampa, FL 33606

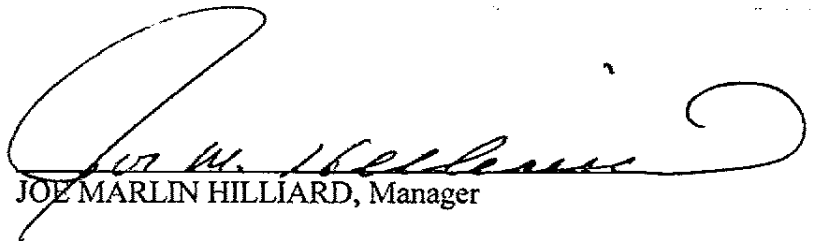
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.


FRANK J. RIEF, III

Article IV - Management

The Limited Liability Company is to be managed by a manager and the name and address of such manager is JOE MARLIN HILLIARD, 5500 Flaghole Road, Clewiston, Florida 33440.

DATED this 22 day of December, 2008.


JOE MARLIN HILLIARD, Manager