# L050000/00589

(Re	equestor's Name)	<del></del>		
(Address)				
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PICK-UP	☐ WAIT	MAIL MAIL		
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(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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I Burch OCT 1 2 2005

# TRANSMITTAL LETTER

TO:	Registration Se Division of Co		•	
SUBJE	CT: Hilbourne	e Projects International	<del></del>	
		(Name of Limited	d Liability Company)	
~~			1 1 10 10 11	
The end	closed Articles of	f Organization and fee(s) are so	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	
	Richard !	U Dose		
	Monard		Name of Person)	<u></u>
<u> </u>		(1	Firm/Company)	
	1645 SW 11	16th Avenue		
			(Address)	
	Pemb	proke Pines Florida 33025		
	<del></del>		State and Zip Code)	
For furt	her information	concerning this matter, please	call:	
Diebes	d II D		AGE 3400	
Richan	d H Ross (Name	of Person)	at (954) 435 3408 (Area Code & Daytime To	elephone Number)
	<b>(, ,</b>	<b>--</b>	(	
Enclose	ed is a check fo	or the following amount:		
<b>5</b> \$125	.00 Filing Fee	□ \$130.00 Filing Fee &	☐ \$155.00 Filing Fee &	
		Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(manaona copy is cholosed)	(additional copy is enclosed)
	STRE	ET ADDRESS:	MAILING A	DDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 29, 2005

RICHARD H ROSS 1645 SW 116TH AVENUE PEMBROKE PINES, FL 33025

SUBJECT: HILBOURNE PROJECTS INTERNATIONAL

Ref. Number: W05000045058

We have received your document for HILBOURNE PROJECTS INTERNATIONAL and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Letter Number: 105A00059446

Tim Burch Document Specialist New Filings Section

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
The hame of the Limited Liability Company is.			
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is		
Principal Office Address:	Mailing Address:		
1645 SW 116th Avenue	1645 SW 116th Avenue		
Pembroke Pines Florida 33025	Pembroke Pines Florida 33025		
ARTICLE III - Registered Agent, Registered			
The name and the Florida street address of the re			
Richard H Ross	P OS OCT 1. SECRETAR ALLAHAS		
Name PAR			
1645 SW 116th Avenue	SET SET		
Florida street addi	ress (P.O. Box NOT acceptable)		
Pembroke Pines Florida 33025	FL CORIDE		
City, State, and	nd Zip Dr &		

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.

Registered Agent's Signature

(CONTINUED)

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Richard H Ross
	1645 SW 116th Avenue
	Pembroke Pines Florida 33025
MGRM	Debbie Badley - Ross
	1645 SW 116th Avenue
	Pembroke Pines Florida 33025
(Use attachment if necessary)	
NOTE: An additional article must b	e added if an effective date is requested.
REQUIRED SIGNATURE:	
Balleyko	en?
Signature of a member	or an authorized representative of a member.
of this document constituent that the facts stated her	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.)
Richard H Ross De	blie Balley-Ross
Турс	ed or printed name/of signee

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)