## L07000014771

(Requestor's Name)
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## **COVER LETTER**

Division of Co			
SUBJECT: HILL 3	341 LLC		
		d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Jennifer I	shimatsu		
		Name of Person)	
Corporate	e Direct Inc		
	(	Firm/Company)	,
c/o Sutto	n Law Center P	C, 348 Mill Stree	t
		(Address)	<del> </del>
Reno, N	V 89501		
	(City	/State and Zip Code)	-
For further information	concerning this matter, please	call:	
Jennifer Ishima	atsu	at ( 775 ) 284-71	68
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or 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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

y, "Limited Company" or their abbreviation "LLC," or "L.C.,")
,
f the principal office of the Limited Liability Company
Mailing Address:
2248 Meridian Bouelvard
_ Suite H
Minden, NV 89423

Paracorp Incorporated 236 East 6th Avenue Florida street address (P.O. Box NOT acceptable) Tallahasse FL 32303 City, State, and 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. 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 (REQUIRED) PARAGORP INCORPORATE

(CONTINUED) Page 1 of 2

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

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

MGR		HILL ONE LLC
		PO Box 2869
		Jackson, WY 83001
		· · · · ·
		The state of the s
		<u> </u>
(Use attachment if nec	essary)	

Signature of a member or an authorized representative 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 stated herein are true.)

PAUL RICHARD ANDREWS
Typed or printed name of signee
Manager for Hill One LLC, Manager

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)

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