

207000071910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

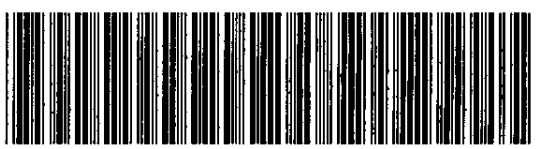
(Document Number)

Certified Copies _____ Certificates of Status _____

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EFFECTIVE DATE 6/20/07



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07 JUN 25 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HILLCO LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LESLIE D. HILL

(Name of Person)

HILLCO LLC

(Firm/Company)

PO BOX 166

(Address)

SCOTTSMOOR, FLORIDA, 32775

(City/State and Zip Code)

For further information concerning this matter, please call:

LESLIE D. HILL

(Name of Person)

at (386) 316 4627

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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07 JUN 25 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2007

LESLIE D. HILL
PO BOX 166
SCOTTSMOOR, FL 32775

SUBJECT: HILLCO LLC
Ref. Number: W07000030145

We have received your document for HILLCO LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return 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) 245-6984.

Deborah Bruce
Document Specialist

Letter Number: 907A00041742

FILED
07 JUN 25 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HILLCO LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3730 PAIGE ST
PORT ORANGE, FL
32129

3730 PAIGE ST
PORT ORANGE, FL
32129

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

LESLIE D. HILL

Name

6245 MANGROVE ST

Florida street address (P.O. Box NOT acceptable)

SCOTTSMOOR, FL 32775

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JUN 25 AM 9:45

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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.

Leslie D Hill

Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE 6-20-07

(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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

LESLIE D. HILL

PO BOX 166

SCOTTS MOOR, FLORIDA, 32775

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 06/20/2007. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

LESLIE D. HILL

Typed 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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JUN 25 AM 9:45

FILED