L0800046091

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
. (Business Entity Name)
. (Business Entity Harrier)
(Document Number)
Certified Copies Certificates of Status
7
Special Instructions to Filing Officer:
·

Office Use Only



800128520368

05/07/08--01024--021 **125.00

DIVISION OF CORPORATIONS
OR MAY -7 AMII: 12

T. HAMPTON

MAY - 8 2008

EXAMINER

	COVER LETTER
· (,	TO: Registration Section Division of Corporations
	SUBJECT: Hilltop Creations, 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:
	Therese M. Hoard
	(Name of Person)
I	Wyoming Corporate Services, Inc.
	. (Firm/Company)
	2710 Thomes Ave.
•	(Address)
	Cheyenne, WY 82001
	(City/State and Zip Code)
	For further information concerning this matter, please call:
	Therese M. Hoard 307 , 632-3333
	(Name of Person) (Area Code & Daytime Telephone Number)
	Enclosed is a check for the following amount:
	\$\sumset\$\sumset\$\sumset\$\$\sumset\$\$\sumset\$\$\sumset\$\$\sumset\$
	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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION F	OR PLORIDA LIMITED LIABILITY COMPANY				
ARTICLE I - Name: The name of the Limited Liability Com	pany is:				
Hilltop Creations, LLC					
(Must end with the words "Lin	(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") RTICLE II - Address: e mailing address and street address of the principal office of the Limited Liability Company is:				
ARTICLE II - Address: The mailing address and street address					
Principal Office Address:	Mailing Address:				
2710 Thomes Ave. Cheyenne, WY 82001	SAME				
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another				
The name and the Florida street address	s of the registered agent are:				
United Corpora	ate Services, Inc.				
	Name				
	adeland Blvd., Suite 508				
Florida	a street address (P.O. Box NOT acceptable)				
<u>Miami</u>	_{FL} 33156				
Cı	ity, State, and Zip				
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con	nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as s capacity. I further agree to comply with the provisions of almplete performance of my duties, and I am familiar with and in as registered agent as provided for in Chapter 608, F.S				
Registered Age	DIVISION OF CORPOR OR MAY -7 AH II				

(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	Edge Financial	
	2710 Thomes Ave., Suite 850	
	Cheyenne, WY 82001	
-		
		
		
(Use attachment if necessary)		
	he date of filing:	(OPTION)

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.)

Therese M. Hoard, Wyoming Corporate Services, Inc.

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)