

L 08000082984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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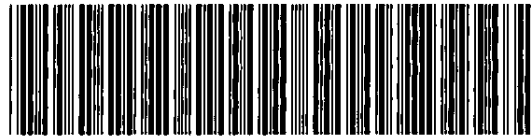
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2008 AUG 29 PM 4: 46  
NOT ATTACHED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
08 AUG 29 AM 9: 45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

SEP 2 2008

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 08/29/08

REF. #: 000447.91611

CORP. NAME: HILLIARD GP, LLC

FILED  
08 AUG 29 AM 9:45  
TALLAHASSEE, FLORIDA

- |  |   |   |
|--|---|---|
| <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# 527376 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 GP, LLC**

FILED  
08 AUG 29 AM 9:45  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

The undersigned authorized representative does hereby certify that the persons so identified herein have associated themselves together for the purpose of forming a limited liability company (the "Company") under the laws of the State of Florida.

**ARTICLE I  
NAME**

The name of the Company shall be: **HILLIARD GP, LLC**

**ARTICLE II  
ADDRESS AND PLACE OF BUSINESS**

The address of the principal office and the mailing address of this Company shall be:

**PRINCIPAL OFFICE**

5500 Flaghole Road  
Clewiston, Florida 33440

**MAILING ADDRESS**

5500 Flaghole Road  
Clewiston, Florida 33440

**ARTICLE III  
PERIOD OF DURATION**

The period of duration of the Company shall be perpetual.

**ARTICLE IV  
GENERAL POWERS**

The Company is formed for the purpose of conducting and undertaking, and shall have the power to conduct and undertake, any and all activities and actions authorized under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes.

**ARTICLE V  
MANAGEMENT**

All powers of the Company shall be exercised by or under the authority of the managers and, except as otherwise provided in the operating agreement of the Company, if any ("Operating Agreement"), the business and affairs of the Company shall be managed by or under the direction of the managers. The member(s) may appoint one or more managers and grant them such authority as specifically provided by statute or by the Operating Agreement.

## ARTICLE VI OPERATING AGREEMENT

The member(s) of the Company may adopt an operating agreement pertaining to the regulation, management, and other affairs of the Company (previously defined as the "Operating Agreement"), provided that such Operating Agreement shall not be inconsistent with these Articles of Organization or with the laws of the State of Florida. The Operating Agreement may be repealed or altered only in the manner now or hereafter prescribed therein, consistent with the laws of the State of Florida.

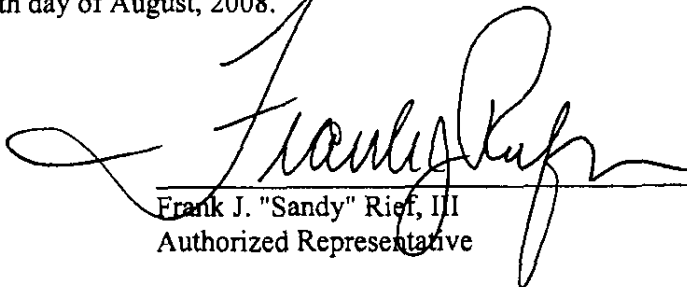
## ARTICLE VII REGISTERED OFFICE AND REGISTERED AGENT

The street address of the Company's initial registered office in Florida is **515 East Park Avenue, Tallahassee, Florida 32301**, and the name of its initial registered agent is **CorpDirect Agents, Inc.** The Company may change its registered office or its registered agent or both by filing with the Department of State of the State of Florida a statement complying with Section 608.416, Florida Statutes.

## ARTICLE VIII ACKNOWLEDGMENT

The member(s) of the Company, through their undersigned authorized representative, do hereby certify that the foregoing constitutes the proposed Articles of Organization of HILLIARD GP, LLC. These Articles of Organization may be amended from time to time by consent of the member(s) holding a majority of the voting interests of the Company, or otherwise in the manner now or hereafter prescribed in the Company's Operating Agreement, consistent with the laws of the State of Florida.

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization this 29th day of August, 2008.



Frank J. "Sandy" Rief, III  
Authorized Representative

**ACCEPTANCE BY REGISTERED AGENT**

Having been appointed the registered agent of **HILLIARD GP, LLC**, the undersigned accepts such an appointment, agrees to act in such capacity and accepts the obligations set forth in Section 608.415, Florida Statutes.

**EXECUTED** this 29<sup>th</sup> day of August, 2008.

**CORPDIRECT AGENTS, INC.**

By: Katie Wonsch  
Print Name: Katie Wonsch  
Print Title: Assistant Secretary