

L0900000 7556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

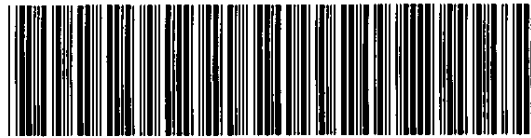
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900141576809

01/26/09--01004--003 **155.00

RECEIVED
09 JAN 23 PM 4:50
TALLAHASSEE, FLORIDA
DIVISION OF STATE
REGISTRATION

FILED
09 JAN 23 AM 9:15
TALLAHASSEE, FLORIDA
DIVISION OF STATE
REGISTRATION

B. KOHR

JAN 26 2009

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: 01/23/09

REF. #: 000380.98485

CORP. NAME: 7 HILLS, LLC

FILED
09 JAN 23 AM 9:15
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# 529031 **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
7 HILLS, LLC**

ARTICLE I. NAME

The name of the limited liability company is 7 HILLS, LLC. (the "Limited Liability Company").

ARTICLE II. ADDRESS

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

Principal Office Address

1350 City View Center
Oviedo, FL 32765

Mailing Address

1350 City View Center
Oviedo, FL 32765

ARTICLE III.

**REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT SIGNATURE**

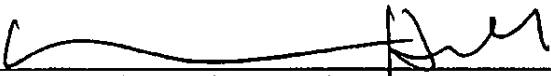
The name and Florida street address of the registered agent of the Limited Liability Company are R. Gregg Hill, 1350 City View Center, Oviedo, FL 32765.

Having been named as registered agent and to accept service of process for the 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 of the Florida Statutes.


R. Gregg Hill

ARTICLE IV – MANAGING MEMBER

The name and address of the Managing Member of the Limited Liability Company are R. Gregg Hill, 1350 City View Center, Oviedo, FL 32765.


Signature of a member or authorized representative of a member
Printed Name: R. Gregg Hill

Date: January 23, 2009

(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.)