

L09000058777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

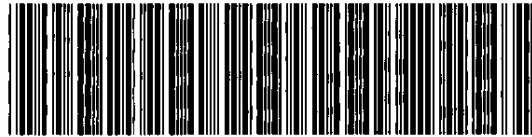
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2009 JUN 15 PM 2:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

C. LEWIS

JUN 17, 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 91 Hill Avenue, 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:

Paige E. Shannon

Name of Person

Firm/Company

3975 University Drive, Suite 100

Address

Fairfax, Virginia 22030

City/State and Zip Code

pshannon@horne.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paige E. Shannon

Name of Person

at (703) 641-1100

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2009

PAIGE E. SHANNON
3975 UNIVERSITY DR.
SUITE 100
FAIRFAX, VA 22030

SUBJECT: 91 HILL AVENUE, LLC.
Ref. Number: W09000026241

We have received your document for 91 HILL AVENUE, 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):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 209A00018836



June 11, 2009

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: 91 Hill Avenue, LLC
Ref. Number: W09000026241

Dear Sir/Madam:

Enclosed please find the Articles of Organization for Florida Limited Liability Company signed by the Registered Agent.

Please accept the enclosed document for filing.

If you have any questions or comments regarding the enclosed document or any matter related thereto, please do not hesitate to contact me directly by telephone at (703)641-1100 or by e-mail at pshannon@horne.com. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Paige Shannon", written over a horizontal line.

Paige Shannon

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SECRETARY OF STATE
TAMPA, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

91 Hill Avenue, LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

91 Hill Avenue, NW
Fort Walton Beach, FL 32548-7005

3975 University Drive, Suite 100
Fairfax, VA 22030

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:

Marcie Connors

Name

19327 Wind Dancer Street

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

Lutz 33558

FL

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)

(CONTINUED)

FILED

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

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

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

Evan Auld-Susott
4267 Marina City Drive, #1106
Marina Del Rey, CA 90292

MGR

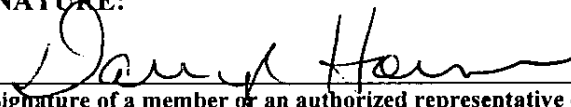
Darryl K. Horne
3975 University Drive, Suite 100
Fairfax, VA 22030

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Darryl K. Horne

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)