L09000100573

(Requestor's Name)
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(City/State/Zip/Phone #)
(City/State/Zip/Filotie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copiess c . Certificates of Status
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SECRETARY OF STATE
FALLAHASSEE! FLORIDA

COVER LETTER

TO:

Registration Section

Division of C	orporations					
SUBJECT:	Dan Hill Estima	ate &	Budge	t Servic	es L.L.C.	
	Name of Limit					
The enclosed Articles	of Organization and fee(s) are	submitte	ed for filin	g.		
Please return all corres	pondence concerning this mat	ter to the	e following	g;		
			L. Hill		······································	
	~	Name o	f Person			
	Dan Hill Estima	te & B	udget S	ervices L	L.C.	
		Firm/C	ompany			
	160	Lady F	Palm Dri	ive		
		Ado	lress			
	Napl	es, Flo	orida 340	014		
	Cit	y/State a	nd Zip Cod	e		
	danhil E-mail address: (to be used	l@em	barqmai	l.com		
For further information	concerning this matter, pleas		аппиат тер	on nouncauc	ni)	
	niel L. Hill	_ at (239)	450-1500	
Name	of Person		Area Code	e & Daytime	Telephone Number	
Enclosed is a check f	or the following amount:					
]\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce Ce	5.00 Filir rtified Co ditional cop		\$160.00 Filing Fee. Certificate of Status Certified Copy (additional copy is encl	s &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registrat Division Clifton E 2661 Exc	ourier Addition Section of Corporate Building ecutive Censee, FL 3230	tions ter Circle	



October 14, 2009

DANIEL L. HILL 160 LADY PALM DRIVE NAPLES, FL 34014

SUBJECT: DAN HILL ESTIMATE & BUDGET SERVICES L.L.C.

Ref. Number: W09000045779

We have received your document for DAN HILL ESTIMATE & BUDGET SERVICES L.L.C. and your check(s) totaling \$155.00. 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.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 109A00032931

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:				
Dan Hill Estimate & Bu (Must end with the words "Limited Li	ability 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:				
160 Lady Palm Drive Naples, Florida	160 Lady Palm Drive Naples, Florida				
34104	34104				
business entity with an active Florida registration.) The name and the Florida street address of the	SSE S				
	Palm Drive				
· ·	O. Box NOT acceptable)				
NNaples, Fl. 34104	FL				
Having been named as registered agent and liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as ecity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S				

(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:

<u>Title:</u> "MGR" = Manag "MGRM" = Man						
"MGR"	<u>Daniel L. Hill</u> 160 Lady Palm Drive Naples, Florida	-				
						
	late, if other than the date of filing: October 7, 2009. (OPTI ed, the date must be specific and cannot be more than five business		rior			
<u>REQUIRED</u> SIC	Qual Nee	09 OCT SEORE	71			
(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.)						
Filing Fees:	Typed or printed name of signee	STATE STATE	O			

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)