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EXAMINER

COVER LETTER

ro:

ro:	Registration Division of C						
SUBJ	ECT: Hillebra	and Associates, LLC					
		Name of Limit	ted Liability Co	mpany			
The en	aclosed Articles	of Organization and fee(s) are	submitted for t	ĭling.			
Please	return all corres	spondence concerning this mat	ter to the follow	ving:			
	Deborah Anı	n Hillebrand					
			Name of Person	n			
	Hillebrand A	ssociates, LLC					
			Firm/Company	,			
7903 Royal Queensland Way							
Address							
Bradenton, Florida 34202							Constant of the last of the la
		Cia	y/State and Zip	Code		A.R.	2
	dhillebrand@					E Y	
		E-mail address: (to be used	for future annual	report notification	on)	F.S	<u> </u>
For fu	rther information	n concerning this matter, pleas	e call:			I I 8	U
Debo	rah Hillebran	d	at (941	773-80	85	125	
	Nam	e of Person		Code & Daytime	Telephone Number	t	
Enclo	sed is a check t	for the following amount:					
□\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & Copy copy is enclosed) Certified	e of Status &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divis Clifte 2661	tration Section ion of Corporation Building Executive Cenhassee, FL 323	tions ter Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	is:				
Hillebrand Associates, LLC					
(Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability	y Company is:			
Principal Office Address:	Mailing Address:				
7903 Royal Queensland Way	7903 Royal Queenstand Way				
Bradenton, Florida 34202	Bradenton, Florida 34202				
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	gistered Agent. You must designate an individual or	another			
The name and the Florida street address of the	e registered agent are:	TO MAR			
Deborah Ann Hillebrand		R U			
Nam	ne C	22			
7903 Royal Queensland	d Way	AH II: 18			
Florida street a	address (P.O. Box NOT acceptable)	SI E D			
Bradenton	FL 34202	<u> </u>			
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)
Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member Manager Deborah Ann Hillebrand 7903 Royal Queensland Way Bradenton, Florida 34202 (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.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

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

\$ 5.00 Certificate of Status (Optional)