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B. KOHR MAY 1 9 2010

EXAMINER



COVER LETTER

TO:	Registration Division of C			
SUBJI	ECT: FreeHi	l Consulting, LLC		'ò
		Name of Limi	ted Liability Company	7
The en	closed Articles	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	pondence concerning this mat	tter to the following:	
	Frederick Hil	Isman		
			Name of Person	•
	FreeHill Con	sulting LLC		
			Firm/Company	
	1100 W. 7th	St		
			Address	
	Sanford, FI 3			
		Cit	ty/State and Zip Code	
=	hillsmanf@ya	hoo.com	for future annual report notification)	
		n-man address: (to be used	for future annual report notification)	
For fur	ther information	concerning this matter, please	e call:	
Frederick Hillsman			at (407) 276-2224	
	Name	of Person	Area Code & Daytime Telep	ohone Number
Enclos	ed is a check f	or the following amount:		
Œ \$125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 Ci Tallahassee, FL 32301	rele

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the L		Company is: s "Limited Liability Company, "L.L.C.," or "LLC.")
Freehill Consul	ting, LLC	
(N	lust end with the words	s "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Ac The mailing addre		ress of the principal office of the Limited Liability Company is:
Principal Office Address:		Mailing Address:
1100 W. 7th St		1100 W. 7th St
Sanford, FI 32771		Sanford, Fl. 32771
business entity with an The name and the	_	lress of the registered agent are:
	1100 W. 7th St	t
	Flo	orida street address (P.O. Box NOT acceptable)
	Sanford,	FL 32771 City, State, and Zip
		City, State, and Zip
liability compa registered agent a statutes relating	iny at the place design of agree to act in to the proper and igations of my possion of the factorial states at the content of	igent and to accept service of process for the above stated limited signated in this certificate, I hereby accept the appointment as this capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and ition as registered agent as provided for in Chapter 608, F.S Agent's Signature (REQUIRED)

(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:

"MGR" = Man		Name and Address:
	nager Ianaging Member	
	55	
MGRM		Frederick Hillsman
		1100 W.7th St
		Sanford, Fl 32771
·		
		
	it if necessary)	
(Use attachmer		
(Use attachmer	• /	
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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)