

L10000107362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

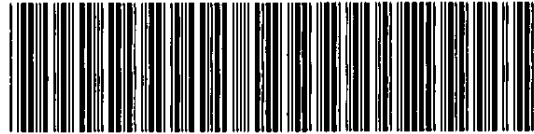
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2010 OCT 14 PM 1:38
NOTIFIED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
10 OCT 14 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

OCT 14 2010

EXAMINER

We are the owners of Ricky Hill
Masonry, Inc. We are releasing the
name and have no intention of ^{reinstating.}
using this name in the future. (Corp)
For LLC

Ricky Hill

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ricky Hill Masonry, L.L.C.
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:

Ricky Hill
Name of Person

Ricky Hill Masonry
Firm/Company

4120 NE 43 Ave
Address

High Springs, FL 32643
City/State and Zip Code

realtor Kim h @ yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ricky or Kim Hill at 386, 454-3902
Name of Person 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ricky Hill Masonry, L.L.C.

(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:

4120 NE 43 Ave.
High Springs, FL 32643

Mailing Address:

4120 NE 43 Ave.
High Springs, FL 32643

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:

Ricky Hill
Name
4120 NE 43 Ave
Florida street address (P.O. Box **NOT** acceptable)
High Springs, FL 32643
City, State, and Zip

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10 OCT 14 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Ricky Hill
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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10 OCT 14 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Ricky J. Hill
4120 NE 43 Ave
High Springs, FL 32643

MGRM

Ricky Jacob Tyler Hill
4120 NE 43 Ave.
High Springs, FL 32643

MGRM

Lloyd Honeycutt
4120 NE 43 Ave
High Springs, FL 32643

MGRM

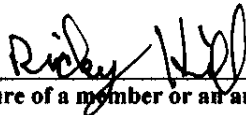
Austin Haynes
4120 NE 43 Ave
High Springs, FL 32643

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Ricky Hill

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)