

L100000123898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

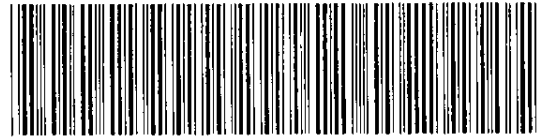
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wait - See

Office Use Only



400188188034

12/02/10--01003--008 **155.00

Effective Date 12-2-10

RECEIVED
10 DEC -2 AM 9:31
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2010 DEC -2 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

DEC 2 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VAN Hillard Siding Co.
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:

VAN G. Hillard
Name of Person

VAN Hillard Siding Co.
Firm/Company

25467 N.E. EVANS ST. P.O. Box 85
Address

BAITHA, FL 32421
City/State and Zip Code

SUPERVAN SL @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VAN Hillard at (850) 4471202
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 DEC - 2 AM 9:51

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VAN Hillard Siding Co. 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:

VAN Hillard Siding Co. LLC.
25467 N.E. EVANS ST.
AITHA, FL 32421

VAN Hillard Siding Co. LLC.
P.O. Box 85
AITHA, FL 32421

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:

VAN G. Hillard
Name

25467 N.E. EVANS ST.

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

AITHA FL 32421
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 DEC -2 AM 9:51

FILED

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..

Van G. Hillard

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

VAN Hillard
24567 N.E. EVANS ST.
AITHA, FL. 32421

MGRM

Justin Hillard
21750 N.W. Blackbottom Rd.
AITHA, FL. 32421

MGRM

GARY JEMISON
25202 FUGUA ST.
AITHA, FL. 32421

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Dec. 2, 2010 (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:

Van G. Hillard
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.)

VAN G. Hillard
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)

FILED
2010 DEC -2 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA