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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

-	sistration Section ision of Corporations	
SUBJECT:	Hildon Realty	
30000	Name of Limi	ted Liability Company
The enclosed	d Articles of Organization and fee(s) are	submitted for filing.
Please return	all correspondence concerning this ma	tter to the following:
Hila	ary Hanus	N. CD
		Name of Person
Hile	don Realty, LLC	
		Firm/Company
21	71 Glenwood Hammock	Road
		Address
DeL	and/Florida 32720	
		ty/State and Zip Code
hilde	onrealty@yahoo.com  E-mail address: (to be used	for future annual report notification)
For further in	nformation concerning this matter, pleas	•
Hilary Ha	anus	_at (386 ) 837-2231
	Name of Person	Area Code & Daytime Telephone Number
Enclosed is	a check for the following amount:	
<b>∑</b> \$125.00 Filin	ng Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 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:	
Hildon Realty, LLC	
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2171 Glenwood Hammock Road DeLand, FL 32720	2171 Glenwood Hammock Road DeLand, FL 32720
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the registration.	tered Agent. You must designate an individual or another
Hilary Hanus	
Name	
2171 Glenwood F	
	dress (P.O. Box <u>NOT</u> acceptable)
DeLand	<sub>FL</sub> 32720
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ate, and Zip  accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Registered Agent's Signat	Harris (REQUIRED)  ALCO DEC TARRY  ALCO DEC TARRY
CONTIN	tien) men

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>	NT 3 A 13
	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	•
MOD	, m , ' i )
MGR	Hilary Hanus
	2171 Glenwood Hammock Road
	DeLand, FL 32720
	- War are a second to the seco
	\$4000 P. F.
(Use attachment if necessary)	
(Ose attachment it necessary)	
CHETTER THOSE A SECRETARIAN ASSESSMENT	te date of filing: (OPTIONAL
I. I. II. V • Effective date it other than th	
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effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	be specific and cannot be more than five business days
effective date is listed, the date must left days after the date of filing.)  REQUIRED SIGNATURE:	be specific and cannot be more than five business days
effective date is listed, the date must left days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a	be specific and cannot be more than five business days  and Annua  ber of an authorized representative of a member.
effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member (In accordance with section 60)	be specific and cannot be more than five business days  our family ber of an authorized representative of a member.  08.408(3), Florida Statutes, the execution of this document
effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a me	be specific and cannot be more than five business days  our for an authorized representative of a member.  08.408(3), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true.
effective date is listed, the date must be do days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a	be specific and cannot be more than five business days  Annua ber or an authorized representative of a member.  08.408(3), Florida Statutes, the execution of this document

.....

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)