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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u>.</u>
(Cit	ty/State/Zip/Phone	÷#)
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SECRETARY OF SALES

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T. CLINE
SEP 2 7 2012
EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT:	Hill Top Name of Limit	Technologies .	LLC	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.		
Please return all corn	respondence concerning this matt	ter to the following:		
	Aaron Hi	Name of Person		
	Hill Top	Technologies,	LLC	
	4521 SW 42	Terrace	三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三三	7817
<u>-</u>	Ft Lucderdal	FL 33314 y/State and Zip Code		#P 26
		9776 9 Mail. (Coffor future annual report notification)	om MG	
For further informat	on concerning this matter, please		유貫	25
A <u>aro</u>	me of Person	at (154) 562 Area Code & Daytime Tel	- 5110 ephone Number	
Enclosed is a chec	k 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	Street/Courier Address Registration Section	<u> </u>	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:

(Must end with the words "Limited Lia	Technologies, LLC ability Company, "Ed.C.," or "LLC.")
	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4521 SW 42 Ter F1 Louderdale, FL 33314	4521 SW 42 Tec Ft Luclardole, FL 33314
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registeristics). The name and the Florida street address of the Aaroo H.	gistered Agent. You must designate an individual or another
Nan	m,
4521 SW 4 Florida street a	A Teraddress (P.O. Box <u>NOT</u> acceptable)
Ft Louderdale City.	FL 33314 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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Auron Hill 4521 SW 42 Ter Ft Luckertale, FL 33314
	\times_\
(Use attachment if necessary) ICLE V: Effective date, if other than the a effective date is listed, the date must be 90 days after the date of filing.)	date of filing: (OPTION e specific and cannot be more than five business days
,	
REQUIRED SIGNATURE:	_
	r or an authorized representative of a member.
Signature of a membe (In accordance with section 608 constitutes an affirmation under 1 am aware that any false inforn constitutes a third degree felony	
Signature of a membe (In accordance with section 608 constitutes an affirmation under 1 am aware that any false inforn constitutes a third degree felony	408(3). Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of state is as provided for in s.817.155, F.S.)