## L12000151293

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Sasmoss Emily Nume)
(Document Number)
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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Section **Division of Corporations** HILLTOP INVESTIGATION LLC. 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: CLAYTON C.HILL JR. Name of Person HILLTOP INVESTIGATION Firm/Company 1031 N.W.6th STREET SUITE A-1 Address GAINESVILLE, FL. 32601 City/State and Zip Code CHILLSERVICES@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 Limi	ted Liability Company is	:					
HILLTOP INVESTIGATION	N LLC.		•				
(Must e	end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")					
ARTICLE II - Addr The mailing address a		orincipal office of the Limited Liabi	lity Company is:				
Principal Office Address:		Mailing Address:					
1031 N.W.6th STREET SL	JITE A-1	1031 N.W.6th STREET SUITE A-1					
GAINESVILLE,FL.32601		GAINESVILLE,FL.32601					
business entity with an action. The name and the Flo			2012 DEC SECRETA				
10	031N.W.6th STREET SUITE A-	1 .	SSER J				
_	Florida street ac	idress (P.O. Box NOT acceptable)	F S C				
	GAINESVILLE	<sub>FL</sub> 32601	RA 🙃				
_	City, S	tate, and Zip	<b>₽</b>				
liability company registered agent and all statutes relating	at the place designated in d agree to act in this capa to the proper and comple	accept service of process for the ab this certificate, I hereby accept the city. I further agree to comply with the performance of my duties, and I de registered agent as provided for in C	appointment as the provisions of am familiar with				

(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"			,	CLAYTON C. H	AII L IP				
INOIN	· · ·		_	031 N.W.6th		TE A-1			
			-	SAINESVILLE					
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CLE V: E effective d to or 90 day	ffective date	, if other than d, the date m date of filing.	ust be s						
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CLE V: E effective d to or 90 day	ffective date is liste ys after the SIGN.  Sig (In accorda constitutes I am aware	d, if other than d, the date m date of filing.	nber or an 608.408(3) der the performation s	pecific and authorized ), Florida State the control of period submitted in a subm	represental tutes, the ex	tive of a me	mber. is documen	SECRETARY O	

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)