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C. LEWIS

MAY 2 9 2013

EXAMINER

COVER LETTER-

TO:

Registration Section Division of Corporations

SUBJECT:

Hilton Mobile Marketing of SW Florida, 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:

	Name of Person	,
Hilton Mobile Mark	keting	
	Firm/Company	
4166 Los Altos Ct	•	
	Address	
Naples, FL 34109		
	City/State and Zip Code	
David@Hilton.net		

For further information concerning this matter, please call:

David Hilton	_{at} 239	269-5187
		/
Name of Person	Area Code	& Daytime Telephone Number

Enclosed is a check for the following amount:

■\$125.00 Filing Fee & □\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee,
Certificate of Status

Certified Copy
(additional copy is enclosed)

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 Compa	ny is:
Hilton Mobile Marketing of SW Florida, LLC	
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4166 Los Altos Ct	4144 Los Aitos Ct
Naples, Florida 34109	Naples, Floirda
	1 LE
	reet address (P.O. Box NOT acceptable)
4166 Los Altos Ct	
Florida str	reet address (P.O. Box NOT acceptable)
Naples	FL 34109
	City, State, and Zip
liability company at the place designate registered agent and agree to act in this all statutes relating to the proper and coand accept the obligations of my position.	and to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of amplete performance of my duties, and I am familiar with a as registered agent as provided for in Chapter 608, F.S

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

FILED

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:	GESHETAKT UP CTATE TABLAHASSEE, FLORIDA
MGRM MGRM	David H. Hilton	
··· broth	<u> </u>	
(Use attachment if necessary)		
CLE V: Effective date, if other the effective date is listed, the date of file or 90 days after the date of file.	nan the date of filing: e must be specific and cannot be more ing.)	. (OPTIONAL) than five business days
REQUIRED SIGNATURE:		
Signature of a	member or an authorized representative of a m	nember.
constitutes an affirmation	ion 608.408(3), Florida Statutes, the execution of n under the penalties of perjury that the facts states information submitted in a document to the Depa	d herein are true.

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)

David H. Hilton

Typed or printed name of signee

constitutes a third degree felony as provided for in s.817.155, F.S.)