L13000131146

(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:

Office Use Only



800251622338

09/16/13--01023 --008 **130.00

13 SEP 16 PM 12: 58

SECRETARY OF STATE OF STATE OF CORPORATIONS

0

6-17-13

(850) 245-6051.

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Hillsboro Investment Properties, 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:

Rommel McLeish Name of Person Hillsboro Investment Properties, LLC Finn/Company 4532 W. Kennedy Blvd., Suite 257 Address Tampa, FL 33609 City/State and Zip Code hillsboroinvestment@gmail.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rommel McLeish	813	922-8908
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 Company is:

Hillsboro Investment Properties, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 129 5 M St Valaco, FL 335	Mailing Address: 4532 w.l Suxl 257 Tampa, FC	cennedy Blud.
	egistered Office, & Registered Agent's own Registered Agent. You must designate an indivi	
The name and the Florida street address	mme mchelsh Mame Street	SECRETARY OF COLD
Val (1 W	a street address (P.O. Box NOT acceptable) FL City, State, and Zip	F STALE FORATIONS

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

' ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

	Name and Address:	<u>Title:</u> "MGR" = Manager
zh y Blud #25	Pomme McLe) A532 12. Vegne	"MGRM" = Managing Member MGRM" ———————
810d #257	Mainani Russ 132 w. Cennedo	MARM
SECRE DIVISION		
FILED INRY OF STATE OF CURPORATION 16 PM 12: 58		(Use attachment if necessary)
OPTIONAL) ve business days	te must be specific and cannot be more than	RTICLE V: Effective date, if other than the dat If an effective date is listed, the date must be rior to or 90 days after the date of filing.)
	1	REQUIRED SIGNATURE
are true.	a member or an authorized representative of a member ction 608.408(3), Florida Statutes, the execution of this docon under the penalties of perjury that the facts stated hereing se information submitted in a document to the Department ee felony as provided for in s.817.155, F.S. Typed or printed name of signee	(In accordance with section 608.408 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as p
SECRETARY OF STALE OPTIONAL'S OPTIONAL'S options option opt	a member or an authorized representative of a member ction 608.408(3), Florida Statutes, the execution of this docon under the penalties of perjury that the facts stated hereing se information submitted in a document to the Department eee felony as provided for in s.817.155, F.S.	RTICLE V: Effective date, if other than the dat If an effective date is listed, the date must be rior to or 90 days after the date of filing.) REQUIRED SIGNATURE Signature of a member or (In accordance with section 608.408 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as p

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)