# L14000014760

(Re	questor's Name)				
(Address)					
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
. (Bu	siness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



600255943386

01/27/14--01005--015 \*\*125.00

SUPPRIME STORY

2014 JAN 27 路中 33

FILED
14 JAN 27 AH II: 30
ECREINBY OF STATE

JAN 2 8 2014

T. BROWN

## CORPORATE ACCESS,

"When you need ACCESS to the world"

INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

ı	WALK IN					
	PICK UP:	1/27 Glinda				
	CERTIFIED COPY	•				
xx	РНОТОСОРУ					
	CUS					
хх	FILING I	LLC				
1.	IIII Ton Dondola I					
	Hill Top Rentals, I					
	(COM ORATINAMIZATO) TO COMING	"/				
2.	(CORPORATE NAME AND DOCUMENT	#)				
3.						
0.	(CORPORATE NAME AND DOCUMENT	#)				
4.						
	(CORPORATE NAME AND DOCUMENT	#)				
<i>5</i> .	(CORPORATE NAME AND DOCUMENT #)					
	(6.7 (7	" <i>'</i>				
6.	(CORPORATE NAME AND DOCUMENT	#)				
SPECIA	AL INSTRUCTIONS:					

### ARTICLES OF ORGANIZATION OF HILL TOP RENTALS, LLC

Miles Millson Shipson The undersigned, for the purpose of forming a limited liability company under the Amended Florida Limited Liability Act, F.S. Chapter 605, hereby makes, acknowledges and files the following Articles of Organization.

#### ARTICLE I - NAME:

The name of the limited liability company (the "Company") is: HILL TOP RENTALS, LLC.

#### ARTICLE II - ADDRESS:

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

**Principal Office Address:** 

4 Oleander Circle Lakeland, Florida 33801 Mailing Address:

Post Office Box 1647 Lakeland, Florida 33802

#### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

The Siles

Steven B. Wade 4 Oleander Circle Lakeland, Florida 33801.

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 605, F.S.

Registered Agent's Signature

ARTICLE IV:

The Company shall be manager-managed. The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:
MGR	Steven B. Wade Post Office Box 1647 Lakeland, Florida 33802
MGR	Matthew R. Wade Post Office Box 1647 Lakeland, Florida 33802

#### ARTICLE V -

Effective date	if other than	the date of filing:	N/A	
chective date,	, ii outet utan	the date of ming.	IN/A	· · · · · · · · · · · · · · · · · · ·

#### **ARTICLE VI -**

Other provisions, if any.

OPERATING AGREEMENT: The members of the Company shall hereafter adopt an Operating Agreement setting forth all the terms, provisions, conditions, and covenants by which the Company will be governed. The power to adopt, alter, amend or repeal the Operating Agreement shall be vested in the Members of the Company by unanimous written consent.

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.)

Steven B. Wade
Typed or printed name of signee