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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Cilina Officer	
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Office Use Only



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SEGRETARY OF STATE
TALLAHASSEE, FLORID.

T. Burch APR 113

COVER LETTER

	gistration Section ision of Corporations		
SUBJECT:	FOX HILL INVESTORS Name of Lin	LLC nited Liability Company	
The enclosed	d Articles of Organization and fee(s) as	re submitted for filing.	
Please return	all correspondence concerning this m	atter to the following:	
_	OTIS T. WALLACE	N f D	
	FOX HILL INVESTORS	Name of Person	
-		Firm/Company	
_	569 SW 2nd STREET		
		Address	
_	FLORIDA CITY, FL 33	034	
	flcitymayo@aol.com E-mail address: (to be used	ity/State and Zip Code	ition)
ror turtner it	nformation concerning this matter, plea	ise can:	
Otis	T. Wallace at (lephone Number
Enclosed is a	check for the following amount:		
l \$125.00 Fili	ng Fee \$\Bigcup \\$130.00 \text{ 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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
FOX HILL INVESTORS LLC		_
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
569 SW 2nd Street Florida City, FL 33034	569 SW 2nd Street Florida City, FL 33034	-
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the registered agency of the	gent are: ORD STAND ACCEPTABLE)	ideal or SHAR B PM III 58
FLORIDA CITY City	FL 33034 Zip	
Having been named as registered agent and to accept servi the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liabil the appointment as registered agent and agree to all statutes relating to the proper and complete gations of my position as registered agent as process.	to act in this performance

(CONTINUED)

Page 1 of 2

"MGR" = ManagerMGR	Otis T. Wallace 569 SW 2nd Street	-
	569 SW 2nd Street	-
	Florida City, FL 33034	-
		- -
		-
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	32.2	- -
(Use attachment if necessary)	ŽŽ.	
(.F.V). Effective date if other than the date of filing	:, (OPTIONAE)	00
fective date is listed, the date must be specific an	d cannot be more than five business days prior to or 9	90-3
of filing.)	C S	-
LE VI: Other provisions, if any.	Agin A	o o
REQUIRED SIGNATURE:	Wellu	_
	an authorized representative of a member. 1) (b), Florida Statutes, the execution of this document	
constitutes an affirmation under the per	nalties of perjury that the facts stated herein are true.	
I am arrana that any falsa infa	ubmitted in a document to the Department of State	
constitutes a third degree felony as prov	vided for in 5.617.135, 1.5.)	
constitutes a third degree felony as prov		

Page 2 of 2