

L15 000102363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

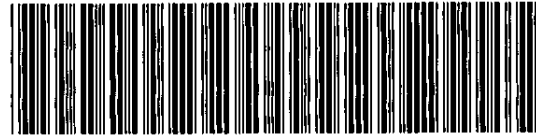
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
15 JUN 12 PM 2:21

FILED  
15 JUN 12 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 667206 81514A

AUTHORIZATION :

COST LIMIT : \$155.00



ORDER DATE : June 12, 2015

ORDER TIME : 1:10 PM

ORDER NO. : 667206-005

CUSTOMER NO: 81514A

DOMESTIC FILING

NAME: PARK HILL PROPERTIES LLC

EFFECTIVE DATE:

\_\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX \_\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_\_ CERTIFIED COPY  
\_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The Name of the Limited Liability Company is: PARK HILL PROPERTIES LLC

**ARTICLE II – Address:**

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

- a: Mailing Address: 3175 Highlands By The Lake Way, Lakeland, Florida 33812
- b: Street Address: 3175 Highlands By The Lake Way, Lakeland, Florida 33812

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:**

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


Monika Bara  
Name

3175 Highlands By The Lake Way  
Florida street address (Post Office Box **NOT** acceptable)

Lakeland, Florida 33812  
City, State and Zip

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*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 – Management (Check applicable box)**

- The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.
- The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.

**ARTICLE V –**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

Monika Patricia Bara  
3175 Highlands By The Lake Way  
Lakeland, Florida 33812

AMBR

Fernando Ignacio Loret DeMola  
3175 Highlands By The Lake Way  
Lakeland, Florida 33812

**ARTICLE VI:** Effective date, if other than the date of filing: \_\_\_\_\_(OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



\_\_\_\_\_  
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.)

Monika Patricia Bara

Typed or printed name of signee