

L 15000 205831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

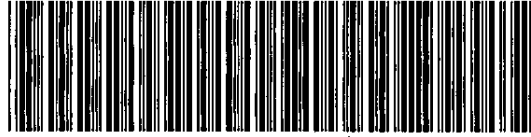
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400279697614

12/07/15--01044--006 \*\*130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 DEC -7 PM 4:30

APPROVED  
AND  
FILED

1/4

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HILD 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:

YENICEY TABARES  
\_\_\_\_\_  
*Name of Person*

HILD LLC  
\_\_\_\_\_  
*Firm/Company*

4203 PIPER DR  
\_\_\_\_\_  
*Address*

JACKSONVILLE FL 32207  
\_\_\_\_\_  
*City/State and Zip Code*

floreyni27@yahoo.com  
\_\_\_\_\_  
*E-mail address: (to be used for future annual report notification)*

For further information concerning this matter, please call:

YENICEY TABARES                      904                      365 1495  
\_\_\_\_\_  
*Name of Person                      Area Code                      Daytime Telephone Number*

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 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**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED  
AND  
FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

15 DEC -7 PM 4: 38

HILD LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4203 PIPER DR  
JACKSONVILLE FL 32207

4203 PIPER DR  
JACKSONVILLE FL 32207

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

YENICEY TABARES

Name

4203 PIPER DR

Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE FL 32207

City

State

Zip

*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..*

Yenicey Tabares

Registered Agent's Signature (REQUIRED)

(CONTINUED)

APPROVED  
AND  
FILED

**ARTICLE IV-**

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

15 DEC -7 PM 4: 38

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

YENICEY TABARES

4203 PIPER DR

JACKSONVILLE FL 32207

AMBR

LAZARO E BRAVO

3360 STILLMAN ST

JACKSONVILLE FL 32207

AMBR

ALAIN LAZARD GONZALEZ

3360 STILLMAN ST

JACKSONVILLE FL 32207

AMBR

WERNER GONZALEZ

4308 ARGENTINE DR

JACKSONVILLE FL 32217

(Use attachment if necessary)

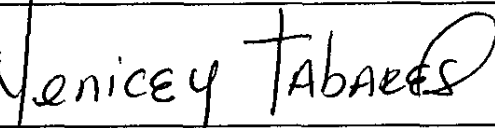
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Yenicey Tabares  
Type or printed name of signee

**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)