## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : 120150000107 : (941)625-1925

Pax Number : (941)625-1526

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

## FLORIDA LIMITED LIABILITY CO. Regina K Hileman LLC

Certificate of Status	0
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Page Count	03
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

Regina K Hileman LLC	•
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
LE II - Address:	A
iling address and street address of the principal office  Principal Office Address:	of the Limited Liability Company is: <u>Mailing Address</u> :

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

Name

33430-Walnut Dr.

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

Punta Gorda FL 33982

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. If 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 (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Regina K Hifeman
	33430 Walnut Dr.
	Punta Gorda, FL 33982
	74mm Corad, 1 0 m3/02
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