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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: HILL CONSTRUCTION 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:
Streny HW Name of Person
Hill Construction LLC Firm/Company
3158 Swaills Rd
Address
Alford PC 32420
City/State and Zip Code Shill 188 a mail com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Derson Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
US125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, 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

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Hill Constr	uction LLC
(Must conatin the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the principal office of t	he Limited Liability Company is:
Principal Office Address:	Mailing Address:
3158 Swaills Rd	same
A(ford 12 3)420	
another business entity with an active Florida registration.) The name and the Florida street address of the registered agent at Memory Name	re: H-U
3158 JWGI	lis Rd
Florida street address (P.O. I	lox NOT acceptable)
Afford F	1 32420
City St	ate Zip
Having been named as registered agent and to accept service of proplace designated in this certificate. I hereby accept the appointment further agree to comply with the provisions of all statutes relating to am familiar with and accept the obligations of my position as register.	as registered agent and agree to act in this capacity. I the proper and complete performance of my duties, and i
Registored Age	ent's)Signature (REQUIRED)
(CON	TINUED)

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

<u>Title:</u> "AMBR" = Authorized Member	
"MGR" = Manager	11714
MGR	Juny HM
	358 JW 21115 Rd ALFUR A FL 32420
MGR MGR	Jessica Hill
	3158 Swails Rd Antord FL 32420
Use attachment if necessary)	
V: Effective date, if other than the date ctive date is listed, the date must be specifiling.) he date inserted in this block does not not the date inserted in this block does not not the date inserted in this block does not not the date inserted in this block does not	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 9 meet the applicable statutory filing requirements, this date will no
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