

L 99000007945

CHRISTY THURMAN  
Requester's Name  
1407 PIEDMONT DR. E  
Address  
TALL, FL 32312 386-2171  
City/State/Zip Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. RUDNICK HILLSIDE #2 L99-7945  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☒ Certified Copy 3  
☐ Mail out ☐ Will wait ☐ Photocopy ☒ Certificate of Status 3

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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99 NOV 18 PM 3:38  
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SECRETARY OF STATE

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6/14/19

**ARTICLES OF ORGANIZATION  
OF  
HILLSIDE TWO, L.L.C.**

The undersigned individual, acting as the authorized representative of a member under the provisions of Chapter 608, Florida Statutes, adopts the following Articles of Organization:

**ARTICLE I**

**Name**

The name of this Limited Liability Company shall be **HILLSIDE TWO, L.L.C.**

**ARTICLE II**

**Principal Place of Business and Mailing Address**

The principal place of business and mailing address of the Limited Liability Company shall be 226 North Duval Street, Tallahassee, Florida 32301.

**ARTICLE III**

**Duration**

The period of duration for the Limited Liability Company shall be perpetual, unless terminated by other provisions of these Articles of Organization.

**ARTICLE IV**

**Management**

The Limited Liability Company is to be managed by its members as set forth in its Regulations. The names and addresses of the members are:

Name  
James M. Rudnick

Address  
226 North Duval Street  
Tallahassee, Florida 32301

Robert Parrish

2282 - A Killearn Center Boulevard  
Tallahassee, Florida 32302

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ARTICLE V

Admission of Additional Members

Members of the Limited Liability Company may admit additional members, but only upon the unanimous approval of the existing members of the Limited Liability Company.

ARTICLE VI

Transfer of Member's Interest


The transfer of any member's interest in the Limited Liability Company, whether to an existing member or a non-member, requires unanimous approval of all members of the Limited Liability Company.

ARTICLE VII

Name and Address of Registered Agent

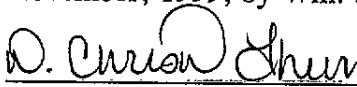
The name and address of the Registered Agent of the Limited Liability Company shall be Wm. Scott Lindsey, and his address is 1407 Piedmont Drive East, Tallahassee, Florida 32312.

IN WITNESS WHEREOF, the undersigned, the authorized representative of a member of this Limited Liability Company, executes these Articles of Organization and certifies to the truth of the facts herein stated in the State of Florida, this 18<sup>th</sup> day of November 1999.

  
Wm. Scott Lindsey,  
Authorized Representative of A Member

State of Florida  
County of Leon

The foregoing Articles of Organization were acknowledged before me this 18<sup>th</sup> day of November, 1999, by Wm. Scott Lindsey.

  
Notary Public



D. Christ Thurman  
MY COMMISSION # CG619588 EXPIRES  
February 6, 2001  
BONDED THRU TROY FAIN INSURANCE, INC.

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION  
OF REGISTERED AGENT/OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA:

1. The name of the limited liability company is HILLSIDE TWO, L.L.C.
2. The name and address of the registered agent and office is:

Wm. Scott Lindsey  
1407 Piedmont Drive East  
Tallahassee, Florida 32312

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 OF 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.

Wm Scott Lindsey  
Signature

11/18/99  
Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

State of Florida  
County of Leon

The foregoing Certificate of Designation of Registered Agent / Office was acknowledged before me this 18<sup>th</sup> day of November, 1999, by Wm. Scott Lindsey.

D. Christl Thurman  
Notary Public



D. Christl Thurman  
MY COMMISSION # CC619588 EXPIRES  
February 6, 2001  
BONDED THRU TROY FARM INSURANCE, INC.