

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE

FILED

00 APR 26 PM 4: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M97000000418

1. Limited Liability Company's Name

The Hillside Financial Group, L.L.C.

2. Principal Office Address

2100 S.E. 17th Street

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Zip

34471

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida

7/10/97

6. FEI Number

59-3455693

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

William M. Curtis

Street Address (P.O. Box Number is Not Acceptable)

2100 S.E. 17th Street

Suite, Apt. #, Etc.

Suite 204

City

Ocala

State

FL

Zip Code

34471

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	William M. Curtis	2100 S.E. 17th St., Suite 204	Ocala, FL 34471

REINSTATEMENT

*[Signature]*

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

*[Signature]*

Date

Daytime Phone # (352) 401-1900

Typed or printed name of signing Managing Member/Manager William W. Curtis