

**L03000026005**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)222-9428

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03 JUL 16 PM 1:37  
DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

Tuff Wicham Road LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

03 JUL 16 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*Handwritten:* JB  
7/16/03

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Tuff Wicham Road LLC

**ARTICLE II - Address:**

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

75-933 Hiona Street, Honolulu, Hawaii 96725

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

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

CT Corporation System  
Name

c/o CT Corporation System, 1208 South Pine Island Road  
Florida street address (P.O. Box NOT acceptable)

Plantation FL 33324  
City, State, and 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 608, F.S.*

By: CT Corporation System  
Amie Bryan, Amie Bryan, Special Asst. Secy.  
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Harmon A. Brown, authorized representative  
Typed or printed name of signee

- Filing Fees:**
- \$100.00 Filing Fee for Articles of Organization
  - \$ 25.00 Designation of Registered Agent
  - \$ 30.00 Certified Copy (Optional)
  - \$ 5.00 Certificate of Status (Optional)

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 STATE ARCHIVE OF FLORIDA  
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