

L010000013027

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Hiawatha L.L.C.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

800004484468--B  
-07/18/01--01056--002  
\*\*\*\*155.00 \*\*\*\*155.00

Enclosed is an original and two(2) copies of the articles of incorporation and a check for:

- ☒ \$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)

W01-16722

Total Amount Enclosed \$ 155.00

FROM: ROBERT LYNES  
Name (Printed or typed)

1146 N. MESA, DRIVE  
Address

MESA, ARIZONA  
City, State & Zip

480-831-3996  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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FILED

W 8/6

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 20, 2001

ROBERT LYNES  
VICTORIA INTERNATIONAL TRUST  
1146 N. MESA DR. #102-184  
MESA, AZ 85201

SUBJECT: HIAWATHA, LLC  
Ref. Number: W01000016722

We have received your document for HIAWATHA, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 001A00042488

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Hiawatha, LLC

## ARTICLE II - Address:

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

16109 Edgemont Drive  
Fort Meyers, Florida 33908

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

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

Kenneth H. Rose

Name

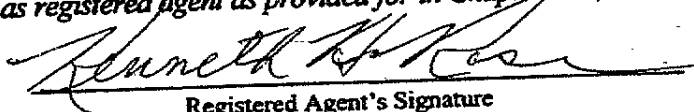
16109 Edgemont Drive

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

Fort Meyers FL 33908

City, State, and Zip

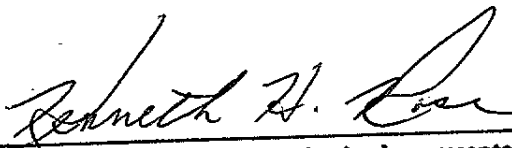
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.*



Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.



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.)

KENNETH H. ROSE

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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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

HIAWATHA LLC

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

KENNETH H. ROSE

(Name)

16109 EDMONT DRIVE

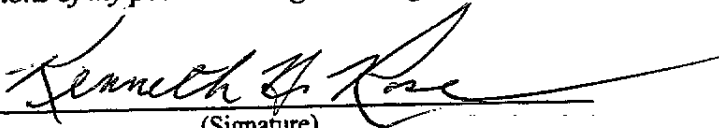
Florida street address (P.O. Box **NOT** ACCEPTABLE)

FORT MEYERS

FL 33908

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. 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..*



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA