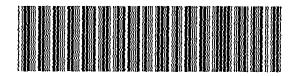
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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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W03-21945 J. BRYAN AUG - 4 2003

J. BRYAN AUG 1 3 2005

TRANSMITTAL LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	HWWMSM II , LLC					
SUBJECT: _	(Name of	Limited Li	ability Compar	1y)		
The enclosed	Articles of Organization an	d fee(s) a	re submitted	l for filing.		
Please return a	all correspondence concern	ing this n	natter to the	following:		
Robert M La	aunch					
	(Name of Person)			•		
	(
HWWMSM	11 LL C				=	
	(Firm/Company)			-		
	(* copan.j)					
42 Corte Ro			······		_	
	(Address)					
Santa Rosa	Beach, FL 32459					
	(City/State and Zip Co	de)		. = • "		
For further inf	formation concerning this m	atter, ple	ase call:			
Robert M La	aunch	at (850	301-3451		
· · · · · · · · · · · · · · · · · · ·	(Name of Person)	**********	(Area Code &	Daytime Telephone	Number)	
STREET AD Registration S Division of Co	ection		MAILING ADDRESS: Registration Section Division of Corporations			
409 E. Gaines			P.O. Box 6327			
Tallahassee, F	lorida 32399	_	Tallahassee, Florida 32314			



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 4, 2003

ROBERT M LAUNCH HWWMSM II, LLC 42 CORTE ROBLE SANTA ROSA BEACH, FL 32459

SUBJECT: HWWMSM II, LLC Ref. Number: W03000021945



We have received your document for HWWMSM II, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 403A00044688

and admit the amorphism of the medical and the second of the constitution by the second

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:

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

Principal O	ffice A	ddress:
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Mailing Address:

42 Corte Roble

Santa Rosa Beach, FL 32459

42 Corte Roble

Santa Rosa Beach, FL 32459

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

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

Robert M Launch

Name

42 Corte Roble

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

Santa Rosa Beach

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..

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Manag		Name and Address:		<i>3</i> 0.
MGRM	, was the second	Scott Murphy 35000 Emerald Coast Pa	arkwav	Man All
		Destin, FL 32541		100 Mg
MGRM	<u>.</u>	Robert M Launch		2 C
		42 Corte Roble		- 90/0 ₁
		Santa Rosa Beach, FL 3	2459	
MGRM		Roy Gorman		
		122 Scottsdale Court		「 1 (1数は 94 - 元)
		Mary Esther, FL 32459		
	. • , su •			
			4	

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED 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.)

<u>Filing Fees:</u> \$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)