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(Re	equestor's Name)	·· <u>·</u>
(Ad	dress)	
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(Ad	dress)	
(Cil	ty/State/Zip/Phone	e #)
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	 	





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NOTIVE OF COMPANY NOTION 03 DEC 29 PM 1: 05

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: HAW6/10 /10 THEXE LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
TRASA A SALVA (Name of Person) EFFECTIVE DATE 1-1-0 U
HANGIN IN THEKE (Firm/Company) DEC SHOW SHOW SHOW SHOW SHOW SHOW SHOW SHOW
2323 FOXBOYO WAY
$\frac{7200 \times 10^{12}}{1000 \times 10^{12}}$ (City/State and Zip Code)
For further information concerning this matter, please call:
Julia le liva at 850 5918567
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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 is: Principal Office Address: Mailing Address: ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: 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

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	TERESA A SELVA 3323 Foxboro Way Tallahassee, Fr 32809	- -	
		 ⁻	
		DIVISION 03 DEC	
		TARY OF CORP	
(Use attachment if necessary) effective NOTE: An additional article must be	ye date as of 1/1/04 shall be added if an effective date is requested.	PRATIONS	
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.)

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)