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(Requestor's Name)
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(Business Entity Name)
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 24, 2005

HILLARY CLAPS 1531 N.W. 45TH, #B-1 POMPANO BEACH, FL 33064

SUBJECT: HILWAY ENTERPRISES, INC.

Ref. Number: W05000003436

We have received your document for HILWAY ENTERPRISES, INC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

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) 245-6890.

Jason Merrick Document Specialist

Letter Number: 005A00004418



TO: Registration Section Division of Corporations SUBJECT: HilWay Enterprises, Inc. (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: Hillary Claps (Name of Person) (Firm/Company) 1531 N.W. 45th Street, #B-1 (Address) Pompano Beach, Florida 33064 (City/State and Zip Code) For further information concerning this matter, please call: louis John Claps, C.P.A. (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for the following amount:

STREET ADDRESS:

☐ \$125.00 Filing Fee

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

Z \$130.00 Filing Fee &

Certificate of Status

MAILING ADDRESS:

☐ \$160.00 Fitti

Certificate of Status Certified Copy

(additional copy is enclosed

□ \$155.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

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 i	s:
The name of the Lamber Basemy Company	-
HilWay Enterprises, Jac. LLC.	
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1531 N.W. 45th Street, #B-1	Same
Pompano Beach, Florida 33064	
ARTICLE III - Registered Agent, Registere	ed Office, & Registered Agent's Signature:
The name and the Florida street address of the	e registered agent are:
Hillary Claps	
Nam	ne .
1531 N.W. 45th Street, #B-1	
	address (P.O. Box NOT acceptable)
Pompano Beach, Florida 330	064 _{FL}
City, State	e, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited at this certificate, I hereby accept the appointment as eity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, I.S.
Registered Agen	it's Signature RA

(CONTINUED)

Page 1 of 2

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	Wayne Scott 1531 N.W. 45th Street, #B-1		
	Pompano Beach, Florida 33064		
MGRM	Hillary Claps 1531 N.W. 45th Streetm #B-1		
	Pompano Beach, Florida 33064		
(Use attachment if necessary)			
(Coo actaenment is necessary)			
NOTE: An additional article must be	added if an effective date is requested.		
REQUIRED SIGNATURE:			
> Warre Sid			
Signature of a member of	an authorized representative of a member. 🔑	S: 03	
(In accordance with section of this document constitute that the facts stated here.)	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)	FEB 2	1
Wayne Scott	Fit.		
Typed	or printed name of signee	童	
Filing Fees:	LORID	II: 56	PT 3.2 T

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:
HilWay Enterprises, Inc.	
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1531 N.W. 45th Street, #8-1 Pompano Beach, Florida 33064	Same
ARTICLE III - Registered Agent, Registered and the Florida street address of	the registered agent are:
Hillary Claps	the registered agent are.
	Name
1531 N.W. 45th Street, #I	B-1
Florida stre	et address (P.O. Box NOT acceptable)
Pompano Beach, Florida	33064 _{FL}
City, S	tate, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple	d to accept service of process for the above stated imited in this certificate, I hereby accept the appointment as a cacity. I further agree to comply with the provisions of all the performance of my duties, and I am faintiar with and 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:

<u>Title:</u>	Name and Address:			
"MGR" = Manager				
"MGRM" = Managing Member				
MGRM	Wayne Scott			
THE COLUMN	1531 N.W. 45th Street, #B-1			
	Pompano Beach, Florida 33064			
MGRM	Hillary Claps			
Wild Control of the C	1531 N.W. 45th Streetm #B-1			
	Pompano Beach, Florida 33064			
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(Use attachment if necessary)				
(Ose attachment it necessary)				
NOTE: An additional article must b	e added if an effective date is requested	ł.		
REQUIRED SIGNATURE:				
. ()	#			
Signature of a member	or an authorized representative of a member.	$\Xi_{\rm S}$	0	
•	-		05 F	Sar Tr
(In accordance with section of this document constitution that the facts stated her	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)	AH S	FEB 21	- Tarris
Wayne Scott		C/2: m:: m::		
	d or printed name of signee	- : 		
Filing Fees:	Š	DRA .	••	در <u>المسالية</u> المعنى المحا
a HIRE PCCS;	Š	E E	SZI SZI	****

of Registered Agent \$ 30.00 Certified Copy (Optional)

\$125.00 Filing Fee for Articles of Organization and Designation

\$ 5.00 Certificate of Status (Optional)