

L05000087056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

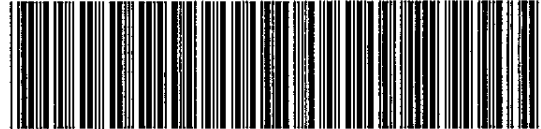
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Call when ready

Torn 510-7900

Office Use Only



900058993249

09/06/05--01001--009 \*\*130.00

RECEIVED

05 SEP -2 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

05 SEP -2 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HW Holdings, 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:

Tom Weiskotten  
(Name of Person)

GR Robbins & Associates, P.A.  
(Firm/Company)

3375-C Capital Circle NE  
(Address)

Tallahassee, FL 32308  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tom Weiskotten at ( 850 ) 297-0700  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |                                              |                                                                                    |                                                                                                   |                                                                                                                             |
|----------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|----------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|

**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

FILED  
05 SEP - 2 AM 11:05  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HW Holdings, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

3375-C Capital Circle NE  
Tallahassee, FL 32308

**Mailing Address:**

3375-C Capital Circle NE  
Tallahassee, FL 32308

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

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

Tom Weiskotten

Name

3375-C Capital Cir. NE

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

Tallahassee, FL 32308

FL

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

(CONTINUED)

FILED  
05 SEP -2 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

"MGRM" = Managing Member

**Jerrold Hinton**  
3375-C Capital Cir. NE  
Tallahassee, FL 32308

Tom Weiskotten  
3375-C Capital Circle NE  
Tallahassee, FL 32308

Page 2 of 2