



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2009

DONALD HINKS
2612 SANTA BARBARA BLVD UNIT 2
CAPE CORAL, FL 33914

SUBJECT: TOWERS I INVESTMENTS LLC
Ref. Number: W09000035132

We have received your document for TOWERS I INVESTMENTS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 209A00026437

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUL 31 PM 2:33

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2009

DONALD HINKS
2612 SANTA BARBARA BLVD UNIT 2
CAPE CORAL, FL 33914

SUBJECT: TOWERS I INVESTMENTS LLC
Ref. Number: W09000035132

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Tammi Cline
Regulatory Specialist II

Letter Number: 009A00029166

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2009

DONALD HINKS
2612 SANTA BARBARA BLVD UNIT 2
CAPE CORAL, FL 33914

SUBJECT: TOWERS I INVESTMENTS LLC
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Tammi Cline
Regulatory Specialist II

Letter Number: 009A00029166

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TOWERS I INVESTMENTS 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:

DONALD E. HINKS

Name of Person

HINKS & ASSOCIATES

Firm/Company

2612 Santa Barbara Blvd Unit 2

Address

Cape Coral, Florida 33914

City/State and Zip Code

dhinks676@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy R. Hinks

Name of Person

at (**239**) **242-8733**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 TALLAHASSEE, FLORIDA
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TOWERS I INVESTMENTS LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2612 Santa Barbara Blvd Unit 2
Cape Coral, Florida 33914

2612 Santa Barbara Blvd Unit 2
Cape Coral, Florida 33914

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Nancy R. Hinks

Name

2612 Santa Barbara Blvd Unit 2

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

Cape Coral, 33914 FL

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

Nancy R. Hinks

Registered Agent's Signature (REQUIRED)

(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>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	<u>Donald E Hinks</u>
	<u>2612 Santa Barbara Blvd Unit 2</u>
	<u>Cape Coral, Florida 33914</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 07/29/09 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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 FILED
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

REQUIRED SIGNATURE:

Donald E. Hinks
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.)

Donald E Hinks
Typed or printed name of signee

Filing Fees:

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