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□\$125.00 Filing Fee

TO: **Registration Section Division of Corporations** FORTUNE ENTERPRISE, LLC SUBJECT: __ 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: WILLY LI Name of Person CONSULTING Firm/Company 5755 ARNOLD ZLOTOFF DR. Address ORLANDO / FL 32821 City/State and Zip Code WLI2305@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: WILLY LI 217-8954 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount:

COVER LETTER

Mailing Address

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

■\$130.00 Filing Fee &

Certificate of Status

Street/Courier Address

■\$155.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□ \$160.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

FLORIDA DEPARTMENT OF STATE Division of Corporations

July 13, 2010

WILLY LI 5755 ARNOLD ZLOTOFF DRIVE ORLANDO, FL 32821

SUBJECT: FORTUNE ENTERPRISE, LLC

Ref. Number: W10000032922

We have received your document for FORTUNE ENTERPRISE, LLC 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

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) 245-6067.

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

Letter Number: 210A00016997

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company HW Inno	vation. LLC	
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	•
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
5755 ARNOLD ZLOTOFF DR.	5755 ARNOLD ZLOTOFF DR.	
ORLANDO FL 32821	ORLANDO FL 32821	
5755 ARNOLD ZLO Florida street ORLANI City	egistered Agent. You must designate an indivi- ne registered agent are: Y LI me TOFF DR. address (P.O. Box NOT acceptable) DO, FL 32821 State, and Zip	FILED 10 JUL 21 AM 9: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as reference Agent's Signature A	in this certificate, I hereby accept th acity. I further agree to comply with e performance of my duties, and I an egistered agent as provided for in C	ne appointment as In the provisions of all In familiar with and

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM WILLY LI 5755 ARNOLD ZLOTOFF DR. ORLANDO FL 32821 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ___ _. (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.) **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.)

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)

WILLY LI
Typed or printed name of signee