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SECRETARY OF STATE

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COVER LETTER

Division of Cor			
SUBJECT:	VATAWA	Tech Nologies ted Liability Company	220
	Name of Limit	ted Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ndence concerning this matt	ter to the following:	
PAT	rick C. LA	SOFA	2 (2
		Number of Person	
NAT	AWA Tech	NULOSI CS	
		Road, Suite 2	LJS
	•		
MIA	mi, F1.	\$3/79 ty/State and Zip Code	
PAT	LASOTA D'	ty/State and Zip Code NATAWA. C for future annual report notification)	o M
	E-mail address: (to be used	for future annual report notification)	
For further information co	oncerning this matter, please	e call:	
PA+1.2K	LA.S. FA	at (305) 335 Area Code & Daytime Telep	phone Number
rune o.	i Cison	Area code & Daytano Fotop	prote runios.
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	Street/Courier Address Registration Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

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

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:
1031 Ives Pairy Road	1031 Ives Dring Rund
Suite 2281	Suite 228
Miami, FL. 33179	MIAMI, F1 33179

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:		72			
PATRICK C. LA SotA	32-18 32-18	DEC			
Name	ASS	Ĭ.	- P (g		
1031 Ives Dring Road Suited 28	MA	7 9			
Florida street adress (P.O. Box NOT acceptable)			Variation (
MiAmi, = FL 33179		မှ 5	^و درا _{هداش} ا		
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 (REQUIRED)

(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:
MGR	PATICK LASTA 18151 NE 315 COLAT #1909 AUENTUA FI 331 BU
MGRM	DAVID P Smoot 6831 F Sunset Sky Circle Scottsdale, AZ. 83262
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the	date of filing: $\frac{12}{1/2012}$. (OPTIONAL) be specific and cannot be more than five business days
REQUIRED SIGNATURE:	0 4 c 4

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

PATRICK C. LAS. + A
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)