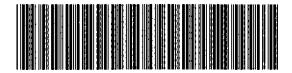
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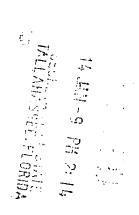
(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
· (Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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01/07/14--01010--004 **125.00



J. Shivers JAN 1 7 2013



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 9, 2014

TODD WATSON PO BOX 536091 ORLANDO, FL 32853

SUBJECT: HW EQUITY PARTNERS, LLC

Ref. Number: W14000001732

We have received your document for HW EQUITY PARTNERS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6051.

Letter Number: 314A00000613

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

		tion Section of Corporations			
SUBJEC	<u>.</u> Н\	W EQUITY	PARTN	ERS, LLC	
Soldie			of Limited Lial		
The enclo	sed Artic	cles of Organization and f	ee(s) are submitt	ted for filing.	
Please reti	urn all co	orrespondence concerning	this matter to th	e following:	
	To	dd W. Wats	on		
			Name	of Person	
	Wo	odward Pro	perties	, Inc.	
		,	Firm/C	Company	
	P.C	D. Box 5360	91		
			Add	dress	
	Orl	ando/FL 32	853		
	41 -1		-	and Zip Code	- 1
	toda	wwatson@yahoo E-mail add		for future annual repo	rt notification)
For further	informa	tion concerning this matte	er, please call:		
Todo	W.	Watson	407	489-004 Daytime Telepl	2
	Nam	ne of Person	Area Code	Daytime Telepl	none Number
Enclosed is	s a check	for the following amount	••		
\$125.00 Fi			e & S155	.00 Filing Fee & ified Copy nal copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	R D P.	Lailing Address egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Street/Courier Add Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited L			
HW Equity Partners, LLC (Must	end with the words	"Limited Liability Company, "L.L.C.," or	r "LLC.")
ARTICLE II - Address:		• • •	,
	eet address of the pr	incipal office of the Limited Liability Co	mpany is:
Principal Office Address:		Mailing Address:	
1111 Lake Weldona Drive		P.O. Box 536091	
Orlando, FL 32808		Orlando, FL 32853	
· · · · · · · · · · · · · · · · · · ·			
nnother business entity with		•	·
Todd	W. Watson		
		Name	
	Lake Weldona Drive		
Flo	rida street address (F	P.O. Box NOT acceptable)	
Uria	ando	FL 32806	
	City	Zip	
the place designated in the capacity. I further agree to	nis certificate, I hereb comply with the pro niliar with and accep	ccept service of process for the above stately accept the appointment as registered agovisions of all statutes relating to the properties the obligations of my position as register. Chapter 605, F.S S Signature (REQUIRED)	gent and agree to act in this er and complete performance
	` _	NTINUED) age 1 of 2	Alla Ser o

"AMBR" = Manager MGR	AMBR" = Authorized Member MGR	Title:	Name and Address:	
MGR" = Manager MGR Todd W. Watson P.O. Box \$50001 Orando, FL 32853 AMBR David C. Hammers P.O. Box 2778 Ponto Vedra, FL 32004 Use attachment if necessary) V: Effective date, if other than the date of filing: 177/14 Live date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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.) Todd W. Weitson Typed or printed name of signee Filling Fees: 125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	MGR" = Manager MGR Todd W. Watson P.O. Box \$36091 Orlando, FL 32853 David C. Hammera P.O. Box 2778 Ponto Vodra, FL 32004 Western Ponto Vodra, FL 32004 OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or \$1 filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this documen constitutes an affirmation nunder 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.) Todd W. Westson 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)	"AMBR" = Authorized Member		
P.O. Box \$39091 Orlando, Fl. 32853 David C. Hammera P.O. Box 2778 Ponta Vedra, Fl. 32004 Use attachment if necessary) V: Effective date, if other than the date of filing: 177/14 (OPTIONAL) title date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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 lalse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Todd W. Watson Typed or printed name of signee Filling Fees: 125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	P.O. Box \$39091 Orlando, Ft. 32853 David C. Hammers P.O. Box 2778 Ponts Vodra, Ft. 32004 V: Effective date, if other than the date of filing: 17714 Itive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) VI: Other provisions, if any. Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this documen 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.) Todd W. Watson 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)	"MGR" = Manager		
Orando, Fl. 32853 David C. Hammers P.O. Box 2778 Ponte Vedra, Fl. 32004 Use attachment if necessary) V: Effective date, if other than the date of filing: 177/14 (OPTIONAL) etive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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.) Todd W. Watson Typed or printed name of signee Filling Fees: S125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	Orando, Fl. 32853 David C. Hammera P.O. Box 2778 Ponte Vedra, Fl. 32004 Use attachment if necessary) V: Effective date, if other than the date of filing: 177/14 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this documen 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.) Todd W. Watson Typed or printed name of signee Filling Fees: 125.00 Filling Fee for Articles of Organization and Designation of Registered Agent 30.00 Certified Copy (Optional)	MGR	Todd W. Watson	
David C. Hammers P.O. Box 2778 Porte Vedra, FL 32004 V: Effective date, if other than the date of filing: 17/1/14 (OPTIONAL) etitle date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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.) Todd W. Watson Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	David C. Hammers P.O. Box 2778 Ponto Vedra, FL 32004 V: Effective date, if other than the date of filing: 1/7/14 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) VI: Other provisions, if any. Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this documen 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.) Todd W. Watson Typed or printed name of signee Filling Fees: 125.00 Filling Fee for Articles of Organization and Designation of Registered Agent 30.00 Certified Copy (Optional)		P.O. Box 536091	
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