

L15000210080

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15 DEC 21 PM 12:01  
TALLAHASSEE, FLORIDA

DEC 22 2015  
S. GILBERT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

15 DEC 21 AM 11:13

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

December 8, 2015

JOEL GRIFFING  
602 CAMINO REAL  
HOWEY IN THE HILLS, FL 34737

SUBJECT: H & W SYSTEMS, LLC  
Ref. Number: W15000079177

We have received your document for H & W SYSTEMS, 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):

Your document is being returned as requested.

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) 245-6052.

Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section

Letter Number: 015A00025718

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Hope H&W Systems, 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:

Joel Griffing  
\_\_\_\_\_  
Name of Person

Hope H&W Systems, LLC  
\_\_\_\_\_  
Firm/Company

602 Camino Real  
\_\_\_\_\_  
Address

Howey In The Hills, FL, 34737  
\_\_\_\_\_  
City/State and Zip Code

Hope@TheHopeCollection.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel Griffing                      315                      374 3855  
\_\_\_\_\_  
Name of Person                      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**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Hope H&W Systems, LLC.

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

FILED  
15 DEC 21 PM 12:01  
STATE OF FLORIDA

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

602 Camino Real  
Howey In The Hills, FL 34737

602 Camino Real  
Howey In The Hills, FL 34737

**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:

Joel Griffing  
Name

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

<u>Howey In The Hills</u>	<u>FL</u>	<u>34737</u>
City	State	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 605, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Anna Krout, 602 Camino Real, Howey In The Hills, I  
FL, 34737 - EIN 16-1601933

MGR

Meg Stubby, Dubin Clinic, 11500 W. Olympic Blvd.  
North Tower #400, Los Angels, CA 90064  
EIN 45-3265312

MGR

Ray Goodrich, 46 Carey Dr, Orchard Park, NY  
14127 - SSN 099-28-488

AMBR

Len Kaine, PO Box 711, Coronado, CA 42178  
EIN 95-3159619

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

JOEL GRIFFING

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)

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**(No Subject) - Additional Members**

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From: **joel griffing** (griff\_47@hotmail.com)

Sent: Wed 12/16/15 7:30 PM

To: joel griffing (griff\_47@hotmail.com)

RCLC Solutions, Inc. 33 Seneca Parkside, Buffalo, NY 14210

EIN 47-1990166 AMBR

Kevin Dunn, 40 Baldwin Rd., Parsippany, NJ 07054

AMBR.