

L 17000107439

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850) 617-6381

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Account Name : CORP USA
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA LIMITED LIABILITY CO.

HIW, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2nd Request



May 9, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: HPW, LLC
REF: W17000039740

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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.

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. 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 contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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) 245-6052.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H17000125783
Letter Number: 017A00009165

P.O. BOX 6327 - Tallahassee, Florida 32314

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

ARTICLE I

The name of the Limited Liability Company is: HIW, LLC.

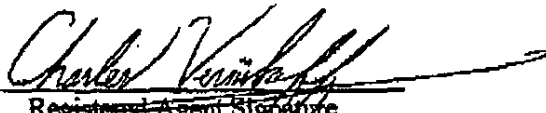
ARTICLE II

The mailing address and the street address of the principal office of the Limited Liability Company is: 6345 Collins Ave., Suite 100, Miami Beach, Florida 33141.

ARTICLE III

The name and Florida street address of the registered agent is: Charles Vernikoff, 6345 Collins Ave., Suite 100, Miami Beach, Florida 33141.

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 obligation of my position as registered agent as provided for in Chapter 605, Florida Statutes.


Registered Agent Signature

ARTICLE IV

The name and address of each Manager or Managing Member is:
AMBR - Charles Vernikoff, 6345 Collins Ave., Suite 100, Miami Beach, Florida 33141

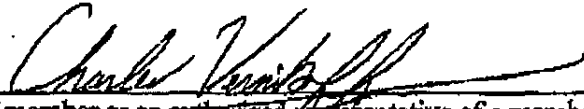
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAY 16 AM 10:36

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ARTICLE V

The general purpose for which the Company is organized is to transact any lawful business for which a limited liability company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.



~~Signature of member or an authorized representative of a member~~
CHARLES VERNIKOFF

This document is executed in accordance with section 605.0293 (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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA