

L18000044153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

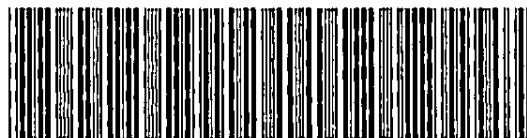
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 FEB 20 PM 3:55
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

N CULLIGAN

FEB 20 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2018 FEB 20 PM 12:15

ADAMS FLORIDA

February 7, 2018

HPW, LLC
11512 GIULIA DR
FORT MYERS, FL 33913

SUBJECT: HWP, LLC
Ref. Number: W18000012279

We have received your document for HWP, 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):

You submitted the form wrong form for mail in Articles. I am enclosing the proper form.

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

Letter Number: 418A00002575

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HWP, 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:

MYRON MOLOTKY
Name of Person

HWP, LLC
Firm/Company

11512 GULLIA DR.
Address

FORT MYERS FL 33913
City/State and Zip Code

MMOLOTKY@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MYRON MOLOTKY 616 560 1927
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)

PAID

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:

HWR, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

11512 GULLIA DR
FORT MYERS FL
33913

Mailing Address:

11512 GULLIA DR
FORT MYERS FL 33913

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:

MYRON J. MOLOTKY

Name

11512 GULLIA DR

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

FORT MYERS FL 33913

City

State

Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 FEB 20 PM 3:55

FILED

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.

[Signature]

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

AMBR

Name and Address:

MYRON MOLOTKY
11512 GULLIA DR
FORT MYERS FL 33913

DONNA MOLOTKY
11512 GULLIA DR.
FORT MYERS FL 33913

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JAN. 20 2018 (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]

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.

MYRON MOLOTKY

Typed or printed name of signer

FILED
18 FEB 20 PM 3:55
CLERK OF DISTRICT COURT
STATE OF FLORIDA

PAID

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)

SEE COVER LETTER