

L1800021967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

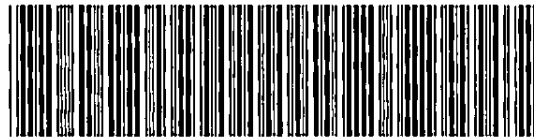
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. PAGE

SEP 18 2018

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: HWW GRANDKIDS, 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:

Jackie Magee, Florida Registered Paralegal

Name of Person

Law Offices of John L. Mann, P.A.

Firm/Company

500 S. Florida Avenue, Suite 300

Address

Lakeland, FL 33801

City/State and Zip Code

jhwre@me.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jackie Magee

863

683-1358

at (_____) _____

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:

HWW GRANDKIDS, 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:

1621 Chase Landing Way
Winter Park, FL 32789

Mailing Address:

1621 Chase Landing Way
Winter Park, FL 32789

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:

CAROL WHITCOMB KROPP

Name

1621 Chase Landing Way

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

<u>Winter Park</u>	<u>FL</u>	<u>32789</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..

Carol Whitcomb Kropp
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

see attached Schedule

(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:

Carol Whitcomb Kropp
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.

CAROL WHITCOMB KROPP

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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ARTICLE IV- (continued)

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

TITLE:	NAME AND ADDRESS:
AMBR	CAROL WHITCOMB KROPP, as Trustee of the MEGAN ASHLEY KROPP TRUST u/a dated August 22, 1994 1621 Chase Landing Way Winter Park, FL 32789
AMBR	CAROL WHITCOMB KROPP, as Trustee of the COURTNEY MICHELLE KROPP TRUST u/a dated August 22, 1994 1621 Chase Landing Way Winter Park, FL 32789
AMBR	CAROL WHITCOMB KROPP, as Trustee of the SARA ELIZABETH KROPP TRUST u/a dated December 1, 1994 1621 Chase Landing Way Winter Park, FL 32789
AMBR	JOHN H. WHITCOMB, as Trustee of the WILLIAM TAYLOR WHITCOMB TRUST u/a dated February 23, 1995 308 South Fielding Avenue Tampa, FL 33606
AMBR	CAROL WHITCOMB KROPP, as Trustee of the LINDSEY KATE KROPP TRUST u/a dated June 24, 1996 1621 Chase Landing Way Winter Park, FL 32789
AMBR	JOHN H. WHITCOMB, as Trustee of the ZACHARY JOHN WHITCOMB TRUST u/a dated June 24, 1996 308 South Fielding Avenue Tampa, FL 33606

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