

Division of Corporations

maps 7/16/23

Florida Department of State
Division of Corporations
Document Filing Cover Sheet

L23000503087

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H230003854213))



H230003854213ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (239) 617-6381

From:

Account Name : LONG L&N, P.A.

Account Number : 120200000153

Phone : (239) 400-2060

Fax Number : (239) 268-6101

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Keith@longlawfl.com

FLORIDA LIMITED LIABILITY CO.

Howland Hukilan Productions LLC

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

T.J.H.

11/7/23

https://files.floridadepartmentofstate.com/

RECEIVED
TALLAHASSEE
FLORIDA
STATE

2023 NOV -6 PM 4:58

FILED

Division of Computer Aids -

11-2429 2028 044

Electronic Filing Menu

Corporate Filing Menu

Help

7-10-68

2023 NOV -6 PM 4:58

STATE
SECRETARY
TALMAGE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Howland Hukilau Productions LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Keith Long

Name of Person

Long Law, PA

Firm/Company

1206 SE 46th Lane Ste #1

Address

Cape Coral, FL 33904

City/State and Zip Code

Keith@longlawfl.com

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

For further information concerning this matter, please call:

Keith Long

Name of Person

239

Area Code

400-2000

Office Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$139.00 Filing Fee &
Certificate of Status

☐ \$152.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$169.00 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 310
Tallahassee, FL 32303

2023 NOV -6 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Howland Hukilau Productions LLC

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

ARTICLE II - Address:

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

Principal Office Address:1926 Winkler Avenue
Fort Myers, FL 33901Mailing Address:5597 Villa Lucia Ct
Las Vegas, NV 89141

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:

Keith Long

Name

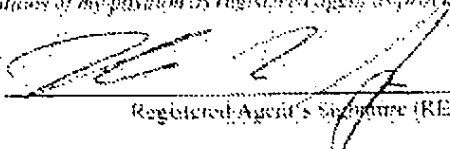
1306 SE 40th Lane Ste #1Florida street address (P.O. Box NOT acceptable)Cap Coral FL 33904

City

State

Zip

Having been named as registered agent and in accept service of process for the above stated limited liability company in 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 purpose 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)

FILED

2023 NOV -6 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:Name and Address:

"AMBR" - Authorized Member

"MGR" - Manager

MGR

Heidi Howard

5597 Villa Lucia Ct
Las Vegas, NV 89141

MGR

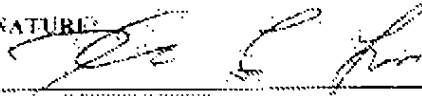
Shawn Howard

2215 Buffalo Run Ave
Las Vegas, NV 89123

(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 mean 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 SIGNATURES**


Signature of a member or an authorized representative of a member.
 This document is executed in accordance with section 605.0201 (1) (b), Florida Statutes,
 and aware that any false information submitted in a document to the Department of State
 constitutes a third degree felony as provided for in 817.155, F.S.

Keith E. Long, Attorney-in-Fact
 Typed or printed name to sign

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 2.00 Certificate of Status (Optional)

FILED
 2023 NOV -6 PM 4:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA