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SECRETARY OF STATE

## TRANSMITTAL LETTER

TO: Registra Division	tion Section of Corporations			
SUBJECT:	Hunter Enterprises of Florida, LLC			
	(Name of Limited Liability Company)			
The enclosed Art	icles of Organization and fee(s) are submit	ted for filing.		
	Please return all correspondence co	oncerning this matter to the following:		
	Costa P.	Tsourakis		
	(Name	of Person)		
Hunter Enterprises of Florida, LLC				
	(Firm/	Company)		
<del></del>	8423 Quail H	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
	(Ac	Idress)		O
Zephyrhills, FL 33544			O4 FEB	NIS SE
(City/State and Zip Code)				1380 1380
For further information concerning this matter, please call:			18 PH	ENEX SERVICED
Costa P. T	sourakis at (	813 ) 973-3147	.;; ∓	383c 18 :
	(Name of Person)	(Area Code & Daytime Telephone Number)	5	ATE

STREET ADDRESS:

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Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:								
The name of the Limited Liability Company is:								
Hunter Enterprises of Florida, LLC	and the second second							
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:							
Principal Office Address:	Mailing Address:							
8423 Quail Hollow Blvd.	8423 Quail Hollow Blvd.							
Zephyrhills, FL 33544	Zephyrhills, FL 33544							
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  The name and the Florida street address of the registered agent are:								
Costa P. Tsourakis	<b>~ ~ ~ ~ ~ ~ ~ ~ ~ ~</b>							
Name								
8423 Quail Hollow Blvd								
Florida street address (P.O. Box No.	OT acceptable)							
Zephyrhills. FL	ORIDA 33544_							
City, State, and 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 608, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:				
MGR	Costa P. Tsourakis 8423 Quail Hollow Blvd. Zephyrhills, FL 33544	<del></del>			
<del></del>		<del>-</del> -			
		_ £	DIVISI		
(Use attachment if necessary)		FEB 18 PM	FILEI RETARY O		
NOTE: An additional article must be added if an effective date is requested.					
REQUIRED SIGNATURE:  Signature of a member or	an authorized representative of a member.		<b>.</b>		
(In accordance with section of this document constitute that the facts stated herein a	e 608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury are true.)				
	P. Tsourakis		· : .		
Typed or printed name of signee					

Filing Fees:

\$\frac{\$100.00 \text{ Filing Fee for Articles of Organization}}{\$25.00 \text{ Designation of Registered Agent}}

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)