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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Hunter Boat Anchors, LLC		
(Name of Limited	d Liability Company)	
The enclosed Articles of Organization and fee(s) are so	ubmitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Michael A. Moran		
G	Name of Person)	
Hunter Boat Anchors, LLC		
0	Firm/Company)	
8614 Oreto Drive		
	(Address)	
Port Richey, FL 34668		
(City/	State and Zip Code)	
For further information concerning this matter, please	call:	
Francis Leonard Worwa	at (727) 847-5473	
(Name of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for the following amount:		*,
\$125.00 Filing Fee \$\Bigcup \$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)
STREET ADDRESS: Registration Section Division of Corporations	MAILING A Registration S Division of Co	ection orporations

409 E. Gaines Street Tallahassee, Florida 32399

P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		CON	ATE CAT	1 T
ARTICLE I - Name: The name of the Limited Liability Company is:				
Hunter Boat Anchors, LLC				
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liabil	ity Con	npany	is:
Principal Office Address:	Mailing Address:			
8614 Oreto Drive Port Richey, FL 34668	8614 Oreto Drive			
Total Holloy, 12 Ortood	FOIL NICHEY, FL 34008			
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re		znature	e :	
Michael A. Moran	we en a service of the service of th			
Name				
9155 Lakeview Drive	ess (P.O. Box NOT acceptable)			
	• •			
New Port Richey, FL 34654 City, State, ar	-FL nd Zip			
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per accept the obligations of my position as regist	is certificate, I hereby accept the ap I further agree to comply with the formance of my duties, and I am far	ppointm provisi niliar w	ent as ons of rith an	all
Michaela. Registered Agent's	Morano 8ignature	7	05 FEB	€ Sac e group
(CONTINU	JED)	AG (du La LudyBA	14 PM 3:	
Page 1 of 2		OBA	58	

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Michael A. Moran
	9155 Lakeview Drive
	New Port Richey, FL 34654
MGRM	Gail M. Moran
to the second of	9155 Lakeview Drive
	New Port Richey, FL 34654
	The state of the s
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	Company to a supplication of the contract of t
•	
(Use attachment if necessary)	
(Ose attachment it necessary)	
NOTE: An additional article must be	added if an effective date is requested.
	• •
REQUIRED SIGNATURE:	
(In accordance with section	an authorized representative of a member. 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury a are true.)
Michael	A. Marasi or printed name of signee
7)F	

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)