## L05000045630

(Requestor's Name)	
(Address)	
(Address)	•
(City/State/Zip/Phone #)	•
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	,
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Susan Tsoura Karies	
CORRECT # 1 (Correct LLC) DATE 5-9-05	
DOC. EXAM <u>418</u> 519	1
Office Use Only	



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05/03/05--01045--003 \*\*125.00

# 05 MAY -3 PH 1:07

### TRANSMITTAL LETTER

TO:	Registration Sect Division of Corp				•	
SUBJE	CT: Target Hur	nter Enterprises, LLC				
	-	(Name of Limited	Liability Comp	pany)		
The end	closed Articles of	Organization and fee(s) are su	bmitted for fili	ng.		
Please	return all correspo	ndence concerning this matter	to the following	ıg:		
			ta P. Tsouraki	s		
		(1)	lame of Person)			
		T				
	-		ter Enterprises Firm/Company)	3, L.L.C		
	8423 Quail Hollow Blvd.					
			(Address)			
	Zephyrhills, FL 33544				SEC	
		(City/	State and Zip Co	de)		-**
For fu	For further information concerning this matter, please call:			~. , ~ }};		
				070 0447	(S)	ATS.
Costa	P. Tsourakis	of Person)	at ( 813 (Area C	973-3147 ode & Daytime Te	lenhone Number)	귀
	(rame	or recison)	(71104)	ode to Day time 10	reproduct (grader)	
Enclo	sed is a check for	r the following amount:				
<b>2</b> \$12	5.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	Certified Co		☐ \$160.00 Filing Fee Certificate of Status &	
			(additional col	py is enclosed)	Certified Copy (additional copy is enclosed	i)
	STRE	ET ADDRESS:		MAILING A	DDRESS:	
Registration Section Division of Corporations			Registration S			
		Division of Corporations P.O. Box 6327				
409 E. Gaines Street Tallahassee, Florida 32399		Tallahassee, Florida 32314				

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited	Liability Company is	<b>:</b> :		
Target Hunter Enterprises	LLC	•		
ARTICLE II - Address The mailing address and		principal office of the Limited Liability Comp	any is:	
Principal Office Addre	ss:	Mailing Address:		
8423 Quail Hollow Blvd.		8423 Quail Hollow Blvd.		
Zephyrhills, FL 33544		Zephyrhills, FL 33544		
The name and the Florida street address of		egistered Office, & Registered Agent's Signature: s of the registered agent are:		
<u></u>	Nam		·	
8423 Quail H		low Blvd.	PM 1:07	
		ddress (P.O. Box NOT acceptable)		
	Zephyrhills			
	City, State	•		
liability company at registered agent and ag statutes relating to the	the place designated in tree to act in this capac e proper and complete ns of my position as re	o accept service of process for the above stated in this certificate, I hereby accept the appointment ity. I further agree to comply with the provision performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, I	nt as ns of all th and	

(CONTINUED)

ARTICLE IV-	· Manager(s`	or Managing	Member(s):

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

Title:		Name and Address:
"MGR" = Manage	er	<u> </u>
"MGRM" = Mana	aging Member	
MGR		Costa P. Tsourakis
	<del></del>	8423 Quail Hollow Blvd.
		Zephyrhills, FL 33544
	<del></del>	
	<del></del>	
	<del></del>	
(Use attachment	if necessary)	
(Osc attachment	ii necessary)	
NOTE: An add	itional article must b	e added if an effective date is requested
REQUIRED SIG	GNATURE:	
	//	
		AL 5 1
	X	The I will
	Signature of a member	or an authorized representative of a member.
	(In accordance with secti	on 608.408(3), Florida Statutes, the execution
	that the facts stated her	ates an affirmation under the penalties of perjury rein are true.)
	С	osta P. Tsourakis
		ed or printed name of signee
Filing Fees	<b>:</b>	
	_	
	Fee for Articles of Organi	ization and Designation
or reg	istered Agent	

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