

L06000043961

2006 APR 21 P 4: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



800071618078

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W06-19661

Office Use Only

RECEIVED
06 APR 25 PM 4:31
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 066025 7394217

AUTHORIZATION :

COST LIMIT : \$ 195.00

FILED
2006 APR 27 P 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : April 26, 2006

ORDER TIME : 3:47 PM

ORDER NO. : 066025-005

CUSTOMER NO: 7394217

DOMESTIC FILING

NAME: HUNT INSURANCE GROUP, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX (2) CERTIFIED COPY
PLAIN STAMPED COPY
XX (2) CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2006

CSC

SUBJECT: HUNT INSURANCE GROUP, LLC
Ref. Number: W06000019661

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESUBMIT

We have received your document for HUNT INSURANCE GROUP, LLC. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 506A00029156

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06 APR 27 PM 1:13
DIVISION OF CORPORATION

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2006 APR 27 P 4:03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hunt Insurance Group, LLC

(Must end with the word: "Limited Liability Company" "Limited Company" or their abbreviation "LLC," or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:

3606 Maclay Boulevard, South

Tallahassee, FL 32312

Mailing Address:

P.O. Box 12909

Tallahassee, FL 32317-2909

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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL 32301

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, F.S.

Corporation Service Company

By

Carina Dunlap, as agent

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Manager

John E. Hunt, Jr

3606 MacLay Boulevard, South

Tallahassee, FL 32312

Manager

Scott F. Hunt

3606 MacLay Boulevard, South

Tallahassee, FL 32312

(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.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

By, Walter L. Smith, Secretary of Sole Member

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)