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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
· (Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	.1
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ECRETARY OF STATE

### **COVER LETTER**

TO: Registration Son Division of Co		ž.	÷ .
SUBJECT:	LUNTER EX	ECTOES  ed Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.	•
Please return all corresp	oondence concerning this matte	er to the following:	
	Spencer	W. HUNTER	TALLED OF JE
	TUNTER E	(Name of Person)  KIRCOR (Firm/Company)	L25 PH
	3999 C	ALLE DE SA (Address)	F STATE AND A
	TALLAAS SER (City	FL 323//	
For further information	concerning this matter, please	call:	<i>,</i>
(Name	of Person)	at ()(Area Code & Daytime ^	Felephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	ρ \$130.00 Filing Fee & Certificate of Status	ρ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	ρ \$160.00 Filing Fee, Certificate of Status & Certified Copy

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•	
The name of the Limited Liability Comp	pany is:	
	ny, "Limited Company" or their abbreviation "LLC," or "LC.,")	
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another	
The name and the Florida street address	of the registered agent are:	
SPENCE 3999 CA Florida TACAMASSR	Name  Name  SECRETARY OF STATE  Street address (P.O. Box NOT acceptable)  FL  y, State, and Zip	コニハフ
liability company at the place design registered agent and agree to act in thi all statutes relating to the proper and	and to accept service of process for the above stated limiated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions complete performance of my duties, and I am familiar witon as registered agent as provided for in Chapter 608, F.	s of th

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "MGR" = M "MGRM" =	lanager Managing Member	Name and Address:
MGR	2/11	SPENCER HUNTER 3959 CALLE DE SANTO TALLAHASSE, FL 723//
MGR	м	BRYAN CLABORN  1900 CENTRE PINTE TOD, A  TALLAHASSER, PL 32308
		·
	nent if necessary)	
ICLE V: Effective date	ctive date, if other tha	an the date of filing: (OPTIONAL)  must be specific and cannot be more than five business day  ng.)
TICLE V: Effective date to or 90 days a	ctive date, if other tha	must be specific and cannot be more than five business day
TICLE V: Effective date to or 90 days a	ctive date, if other thate is listed, the date after the date of filing	must be specific and cannot be more than five business day
TICLE V: Effective date to or 90 days a	etive date, if other thate is listed, the date after the date of filing SIGNATURE:	must be specific and cannot be more than five business day

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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