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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

DEC -4 2008

EXAMINER

COVER LETTER

-	istration Section ision of Corporations
SUBJECT:	HUNTER DESIGN GROUP, UC.
	(Name of Limited Liability Company)
The enclosed	Articles of Organization and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	LYNN M HUNTER
	(Name of Person)
	HUNTER DESIGN GROUP, LLC.
	erini/Company /
	11362 DURHAM ST. (Address)
	(Address)
	PARRISH, FL 34Z19
	(City/State and Zip Code)
For further in	formation concerning this matter, please call:
L4.	(Name of Person) at (941) 776-1140 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is	a check for the following amount:
D31 25.00 Fi	ling Fee \$\Bigcup \\$130.00 \text{ Filing Fee & Bit \$\Delta \text{Status Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)} \\ \ext{Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)} \\ Certified Cop
	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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

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

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

11352 Durhoun Sparash Pl 3421

The name of the Limited Liability Company is:

business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Erika B. Dewoody	
Florida street address (P.O. Box NOT acceptable)	
City, State, and Zip	
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the provis statutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 608	nent as sions of all with and
Registered Agent's Signature (REQUIRED)	08 DI

(CONTINUED)
Page 1 of 2

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

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)

SECRETARY OF STATE OF CORPORATIONS DIVISION OF CORPORATIONS