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	(Requestor's Name)
	(Address)
	(Address)
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PICK-U	JP WAIT MAIL
	(Business Entity Name)
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EXAMINER



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SECRETARY OF STATE
ALL ANASSEE FLORIDS

COVER LETTER

TO:	Registration Section Division of Corporations	
CHDI	_{ECT:} Lauren Hunt Enterpris	ses LLC.
SUDJ		Limited Liability Company)
The er	nclosed Articles of Organization and fee(s)	are submitted for filing
	e return all correspondence concerning this	•
		matter to the rollowing.
	Lauren Hunt	(Name of Person)
	Lauren Hunt Enterprises	LLC. (Firm/Company)
		(типисопрану)
	6736 Nells Way	(Addraw)
		(Address)
	Lakeland, FL 33813	
		(City/State and Zip Code)
For fu	rther information concerning this matter, p	lease call:
Lau	ren Hunt	at (863) 646-8051
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclo	sed is a check for the following amoun	t:
\$125	.00 Filing Fee \$130.00 Filing Fee Certificate of Status	
	Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company i	s:

Lauren Hunt Enterprises LLC.

business entity with an active Florida registration.)

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	<u>Mailing Address:</u>	
6736 Nells Way	6736 Nells Way	
Lakeland, FL 33813	Lakeland, FL 33813	
	<u> </u>	

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

The name and the Florida street address of the registered agent are:

Lauren Hunt
Name
6736 Nells Way
Florida street address (P.O. Box NOT acceptable)
Lakeland, FL 33813 _{FL}
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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SECRETARY OF STATE
TALLAHASSEF FLORIDA

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

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

"MGR" = Mana "MGRM" = Ma	ager anaging Member	Name and Address:
MGRM		Lauren Hunt
		6736 Nells Way
		Lakeland, FL 33813
		
	t if necessary)	
(Use attachment LE V: Effective data in li	e date, if other than the	date of filing: (OPTIONA
LEV: Effective	sted, the date must be	e date of filing: (OPTIONA e specific and cannot be more than five business day
LE V: Effective	isted, the date must be late of filing.)	date of filing: (OPTIONA e specific and cannot be more than five business day
LE V: Effective ffective date is li days after the d	isted, the date must be late of filing.) IGNATURE:	e specific and cannot be more than five business day
LE V: Effective ffective date is li days after the d	isted, the date must be late of filing.) IGNATURE: Signature of a member (In accordance with secondance)	e specific and cannot be more than five business day er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of periury

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)