L10000040093

(Da	Superior Name	
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
		
☐ PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Eiling Officer	
Special instructions to	rilling Officer.	
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Office Use Only



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T. CLINE

APR 1 4 2010

EXAMINER

TO ACKNOWLEDGE SUFFICIENCY OF FILING 2010 APR 14 PH 1: 4

TO APR THE PM 1:45

COVER LETTER

Division of C			
SUBJECT: Hunter	Diversified LLC		
		ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
Kyle G. Hunt	ter		
		Name of Person	
Hunter Diver	sified LLC		
		Firm/Company	
327 Office PI	aza Dr. Ste 203		
•		Address	
Tallahassee,	FL 32301		
	Cit	y/State and Zip Code	
Kyle@hunter	diversified.com	for future annual report notification)	
For further information	n concerning this matter, please	e call:	5
Kyle Hunter		_at (850)212-6247	PR T
Name	e of Person	Area Code & Daytime Telephone Number	F
Enclosed is a check f	for the following amount:	س زی زیر	3 11
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	£. £.
	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

ARTICLE I - Name:		
The name of the Limited	d Liability Company	y is:
Hunter Diversified LI		
(Must end	with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address The mailing address and		ne principal office of the Limited Liability Company is:
Principal Office Addre	ess:	Mailing Address:
327 Office Plaza Dr. Ste 203		٠.
Tallahassee, FL 32301		SAME BY SH
business entity with an active F	Florida registration.) la street address of t G. Hunter	FLOR
	N	ame Ork
<u>193</u>	1 Nanticoke Circle	!
	Florida stree	et address (P.O. Box <u>NOT</u> acceptable)
Talla	ahassee	FL 32303
	City	y, State, and Zip
liability company at t registered agent and agr statutes relating to the	the place designated ree to act in this cap proper and complet	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

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" = Manager "MGRM" = Managing Member (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

Filing Fees:

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

Kyle G. Hunter

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee