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| (Re | questor's Name) | | | |
|---|-------------------|-----------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | y/State/Zip/Phone |) #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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D. BRUCE

JUN 7 2010

EXAMINER

COVER LETTER

Registration Section Division of Corporations

TÓ:

| SURJECT: Huntloo | k Enterprises LLC | | |
|--------------------------|---|--|----------|
| BUINDET. | | ited Liability Company | |
| The enclosed Articles | of Organization and fee(s) are | submitted for filing. | |
| Please return all corres | pondence concerning this mat | tter to the following: | |
| Mitchel D. W | hitlock | | ···· |
| | | Name of Person | |
| Huntlock Ent | erprises LLC | | |
| - | | Firm/Company | |
| 202 Knights I | Bridge Place | | ŀ |
| <u>•</u> | | Address | |
| Debary, Flori | da 32713 | | |
| | Cit | ty/State and Zip Code | |
| MDWINC@c | | | <u> </u> |
| | E-mail address: (to be used t | for future annual report notification) | Ē " |
| For further information | concerning this matter, please | ie call: | |
| Mitch Whitlock | | at (407) 539-4099 | - Fr |
| Name | of Person | Area Code & Daytime Telephone Number | U |
| Enclosed is a check f | or the following amount: | | |
| ☑\$125.00 Filing Fee | □\$130.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status of 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 Limite | d Liability Company is: | | |
|--|-----------------------------------|---|-------------|
| Huntlock Enterprise | s LLC | | |
| (Must end | with the words "Limited Liabili | ty Company, "L.L.C.," or "LLC.") | _ |
| ARTICLE II - Addres | ss: | | |
| | | incipal office of the Limited Liability | Company is: |
| Principal Office Address: | | Mailing Address: | |
| 202 Knights Bridge Place | | 202 Knights Bridge Place | |
| Debary, Florida 32713 | | Debary, Florida 32713 | _ |
| | y cannot serve as its own Registe | Office, & Registered Agent's Signatered Agent. You must designate an individual or an | |
| The name and the Florid | da street address of the re | egistered agent are: | 70 |
| Mitchel D. Whitlock | | | £ |
| , | Name | | |
| 202 | 202 Knights Bridge Place | | 7 |
| Florida street address (P.O. Box NOT acceptable) | | Z III | |
| Deb | pary | FL 32713 | |
| | City, Sta | te, and Zip | . |
| - | | accept service of process for the above s his certificate. I hereby accept the appoi | |

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

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

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

| <u>Title:</u> | | Name and Address: |
|-------------------------|---------------------------|--|
| "MGR" = Ma | • | |
| "MGRM" = N | Managing Member | |
| MGRM | | Mitchel D. Whitlock |
| | | 202 Knights Bridge Place |
| | | Debary, Florida 32713 |
| MGRM | | Joni Hunt |
| | | 202 Knights Bridge Place |
| | | Debary, Florida 32713 |
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| (II 1 | . 10 | |
| (Use attachme | ent if necessary) | |
| ADTICLE V. Effection | us data if other than the | e date of filing: June 1, 2010 (OPTIONAL) |
| | | e specific and cannot be more than five business days prior |
| to or 90 days after the | | e specific and cannot be more than five business days prior |
| io or 30 days after the | cuate of thing.) | |
| | | ************************************** |
| REQUIRED | SIGNATURE: | |
| REVERRED | ord. Wil ond. | |
| | | |
| | Att MANY | 932 |
| | Signature of a member | er or an authorized representative of a member. |
| | | |
| | | ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury |
| | that the facts stated he | rein are true.) |
| | | |
| | Mitch White | مدلد_ ped or printed name of signee |
| | • • • | Landa Landa de Colona |

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)