## LIDOOOOOOA338

•
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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AND ANASSEE FLORID

D. BRUCE
JUN 2 2 2010

**EXAMINER** 

TO:	Registration Division of C					
SUBJI	CT.	HUNT EXPR	ESS, LL	С		
301301	scr	(Name of Limited				
The en	closed Articles	of Organization and fee(s) are sub	mitted for fili	ng.		
Please	return all corres	pondence concerning this matter	to the following	ng:		
			ie Hunt			
		(Na	ime of Person)			
		HUNT EXF	PRESS, L	LC		
		. (Fi	rm/Company)			
		2558 1	5th Aven	ue N.		
	_		(Address)		Trong Event	70
	,	St. Peters	sburg, Fl	_ 33713		
		(City/S	tate and Zip Co	de)	13.55	PH
For fur	ther information	concerning this matter, please ca	ill:		05 ST	原知
	Julie	e Hunt	, 727	, 409-0520	ATE	<u>.</u>
	(Nam	e of Person)	(Area Co	de & Daytime Telephone Nu	mber)	
Enclos	sed is a check f	or the following amount:				
<b>(</b> \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fili Certified Co (additional co	opy Certific py is enclosed) Certific	O Filing Fe cate of Stated ed Copy nal copy is en	us &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Ex	Courier Address  tion Section  n of Corporations  Building  kecutive Center Circle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	e:		
The name of the Lin	nited Liability Company is:	:	
	HUNT EXPRES	SUC	
(Must		lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add			
The mailing address	and street address of the p	rincipal office of the Limited I	Liability Company is:
Principal Office Ad	ldress:	Mailing Address:	
2558 15TH Avenue N.		Same	
St. Petersburg, FL 33713	3		
	<del></del>		
business entity with an act The name and the FI -	orida street address of the Julie Hu Name	unt	10 JUN 21 PH
_	2558 15th A	AVERUE IN. dress (P.O. Box <u>NOT</u> acceptable)	ES B CO
_	St. Petersburg	FL 33713	D.
	City, State,	and Zip	
liability company registered agent and statutes relating to	o at the place designated in t I agree to act in this capacit the proper and complete pe	accept service of process for the this certificate, I hereby accept to y. I further agree to comply wit erformance of my duties, and I a stered agent as provided for in	the appointment as th the provisions of all am familiar with and

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

## 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" = M		
"MGKM" =	Managing Member	
MGRM		Julie Hunt
	<del></del>	2558 15th Avenue N.
		St. Petersburg, FL 33713
<del></del>		
	<del></del>	
(Use attachr	ment if necessary)	
CLE V: Effective date	ctive date, if other than	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days
CLE V: Effec effective date 0 days after t	ctive date, if other than is listed, the date mu	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days
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CLE V: Effec effective date 0 days after t	ctive date, if other than is listed, the date must he date of filing.)  D SIGNATURE:  Signature of a me  (In accordance with of this document control of the date	St be specific and cannot be more than five business days
CLE V: Effec effective date 0 days after t	ctive date, if other than is listed, the date must he date of filing.)  D SIGNATURE:  Signature of a me  (In accordance with of this document control of the date	st be specific and cannot be more than five business days

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)