L10000119176

(Requestor's Name)	
(Address)	400187756644
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	- 11/15/1001007003 **16
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	EFFECTIVE DATE 11 6 20

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B. KOHR
NOV 1 7 2010
EXAMINER

SECRETARY OF STATE OF CORPORATION 10 NOV 15 AM 8: 26

**160.00

COVER LETTER

	ration Section on of Corporations	•	t	9.
SUBJECT: V	Vrite Flair, LLC.			10 10 15 M 8: 6
SUBJECT:		ted Liability Compa	any	
The enclosed A	rticles of Organization and fee(s) are	submitted for filing	g .	7. The state of th
	correspondence concerning this mat		_	, 6.
lohn	C Huntor	_		· · · · · · · · · · · · · · · · · · ·
<u> </u>	C. Hunter	Name of Person		
		Name of reison	<i>-</i>	TIVE DATE M/6/2010
Write	e Flair, LLC.		EFFEC	CTIVE DATE 11 6 2010
		Firm/Company	 'y	
464	Willet Ave.			
	- 	Address		
Naple	s, FL. 34108			
<u>таріс</u>		ity/State and Zip Code		· · · · · · · · · · · · · · · · · · ·
chunte	er_43718@hotmail.com			
	E-mail address: (to be used	for future annual repo	ort notification	n)
For further info	rmation concerning this matter, pleas	se call:		
John Hunte	er	at (239	218-412	23
	Name of Person		& Daytime 7	Telephone Number
Enclosed is a c	check for the following amount:			
\$125.00 Filing	Fee \$\int_\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	bà .	\$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	Registrati Division Clifton B 2661 Exe	purier Addression Section of Corporation duilding secutive Centers See, FL 3230	ess ions er Circle

ARTICLES OF ORGANIZATION FOR	R FLORIDA LIMITED LIABILITY COMPANY
ADTICLE Y Name	3 P
ARTICLE I - Name: The name of the Limited Liability Company	vice 2 a
The name of the Limited Liability Company	y 15.
Write Flair, LLC.	y is: Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "Limited 1	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
464 Willet Ave	464 Willet Ave
Naples, FL. 34108	Naples, FL. 34108
The name and the Florida street address of t John C. Hunter	
- "	ame
464 Willet Ave	
Naples	et address (P.O. Box <u>NOT</u> acceptable)
	FL 34108 y, State, and Zip
City	y, State, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the 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 the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S
Registered Agent's Si	gnature (REQUIRED)

Page 1 of 2

(CONTINUED)

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

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

	John C. Hunter 464 Willet Ave Naples, FL. 34108
	464 Willet Ave
	Naples, FL. 34108
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
IF V. Effective data if other than the data	of filing: 11-06-2010 . (OPTION
ffective date is listed, the date must be spe	cific and cannot be more than five business d
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 of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

John C. Hunter

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)

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