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SECRETARY OF STATE ALLAHASSEE. FLORIDA

T. CLINE

JUL - 5 2011

EXAMINER

COVER LETTER

10.	Division of Corporations
SUBJE	CT: FRANCIS L. HUNTER INVESTIGATIONS, LLC Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	FRANCIS L. HUNTER
-	Name of Person
-	Firm/Company
	5404 NW 76 CT.
-	Address
	S404 NW 76 CT. Address OCHA, L 34482 City/State and Zip Code
-	City/State and Zip Code Francis/hunter/nvest/gations(a) g mait com E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)
	+ rancis/hunter investigations (a) g mait com
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	Name of Person at (352) 816 - 7609 79 3
	Name of Person Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
	Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, 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 Liability Company is:		
(Must end with the words "Limited Liability	VESTICATIONS, "LLC ty Company, "L.L.C.," or "LEC.")	<u>2"</u>
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Lia	ibility Company is:
Principal Office Address:	Mailing Address:	
5404 NW 76 CT. OCALA, FL 3448Z	Same	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's ered Agent. You must designate an individual	Signature: dual or another
The name and the Florida street address of the re		ASS E
Famus L. H		JUL -1 ARETARY
5404 NW 7	76 C/ ress (P.O. Box <u>NOT</u> acceptable)	E P ST
Oches	ress (P.O. Box <u>NOT</u> acceptable) FL 3448Z tte, and Zip	ORIDA
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity	his certificate, I hereby accept the . I further agree to comply with	e appointment as the provisions of al
statutes relating to the proper and complete per accept the obligations of my position as regis	rformance of my Auties, and I am	ı familiar with and
Registered Agent's Signatu	Lante	

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Mgr~	FRANCIS L. HUNTER 5404 NW 76 CT CCAIR, FL 34482

(Use attachment if necessary) ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: $66-24-201/$. (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	er or an authorized representative of a member.
(In accordance with section 608 constitutes an affirmation unde I am aware that any false information constitutes a third degree felong	3.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. State mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
Filing Fees: \$125.00 Filing Fee for Articles of Orga of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	