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COVER LETTER

	istration Section ision of Corporations	·
SUBJECT:	HUNTERGREEN	ENTERPRISES, LLC
SOLUEO!!	Name of Limit	led Liability Company
The enclosed	d Articles of Organization and fee(s) are	submitted for filing.
Please return	all correspondence concerning this mat	ter to the following:
	CHERYL	P. HUNTER
		Name of Person
		Firm/Company
	1404 E. S	COTT STREET
		Address
	PENSAC	OLA, FL 32503
 	Cit	y/State and Zip Code
		er621@yahoo.com for future annual report notification)
		•
For further in	formation concerning this matter, please	e call:
	Cheryl Hunter	at (334) 309-6147
	Name of Person	Area Code & Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Filin	g Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & 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 Liability Company is:

HUNTERGREEN ENTERPRISES, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:		
311 N. DEVILLIERS STREET PENSACOLA, FL 32501	311 N. DEVILLIERS STREET PENSACOLA, FL 32501	_	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)			
The name and the Florida street address of the re	gistered agent are:	? FEB	**,**
Cheryl P. Hur	nter	ربر 	er distribution distribution
Name	t r	10.7% CD	1
1404 E. Scott	Street		
Florida street addı	ress (P.O. Box <u>NOT</u> acceptable)		Some
Pensacola,	FI 32503	मिलि ज	
	ee, and Zip		
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as register	is certificate, I hereby accept the ap. I further agree to comply with the formance of my duties, and I am fai	ppointmen provision miliar with	t as is of all h and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGMR	GREGORY B GREEN
	303 MAN-O-WAR CIRCLE
	CANTONMENT, FL 32533
MGMR	CHERYL P HUNTER
	1404 E SCOTT STREET
	PENSACOLA, FL 32503
	the date of filing: (OPTIONAL) It be specific and cannot be more than five business days p
REQUIRED SIGNATURE:	
Char	yl 8 Hunter
Signature of a men	nber or an authorized representative of a member.
constitutes an affirmation un	608.408(3), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true.
	formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
	formation submitted in a document to the Department of State

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)