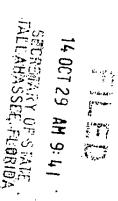
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### **COVER LETTER**

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	egistration Section ivision of Corporations
SUBJECT:	: Health Hunter LLC Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	rn all correspondence concerning this matter to the following:
	Jessica Northrup Name of Person
	Health Hunter LLC Firm/Company
	802 93rd Ave. N
	Address
	Naples, Florida 34108
	Naples, Florida 34108 northrup.j@comcast.net
	E-mail address: (to be used for future annual report notification)
For further i	information concerning this matter, please call:
Jes	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
] \$125.00 Fil	ling Fee \$\bigsim \frac{1}{2}\$130.00 Filing Fee & \$\bigsim \frac{1}{2}\$155.00 Filing Fee & \$\bigsim \frac{1}{2}\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  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:
Health Hunter 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:
802 93rd Ave. N Naples, Florida 34108 Naples, FLORIDA 34108
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Jessica Northrup
Name
802 93rd AVE N.
Florida street address (P.O. Box NOT acceptable)
Naples FL 34108
City Zip
Having been named as registered agent and to accept service of process for the above stated limited liability compared the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in the capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performs of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 605, F.S
Registered Agent's Signature (REQUIRED)
CT C
Registered Agent's Signature (REQUIRED)  (CONTINUED)  (CONTINUED)
Page 1 of 2

at

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Jessica Northrup Boz 93m Ave N Naples, FL 34108
AMBR	Angela Beyer 27431 Spellard Dr Benita Springs, FL 34135
(Use attachment if necessary)	
FICLE V: Effective date, if other than the date neffective date is listed, the date must be a late of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
FICLE V: Effective date, if other than the date n effective date is listed, the date must be slate of filing.)  FICLE VI: Other provisions, if any.	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
REQUIRED SIGNATURE:  Signature of a r  (In accordance with section under the section of the sect	nember or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are the ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)