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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	:
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Office Use Only



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SPERSTARY OF STATE
TALL AHASSEE, FLORID

COVER LETTER

TO: Registration Section Division of Corporations
SITRJECT: Hunter Doubly LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hunter Doudy Name of Pornan
Hunter Daudy LLC Firm/Company
649 Honey Farm Lane
Auburndale Fl. 33823 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hunter Dowdey at (863) 401-5873 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status 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:		
Hunter Douda	LLC	
	Liability Company, "L.L.C.," or "LLC	C.")
ADTICLE II A LL		
ARTICLE II - Address: The mailing address and street address of the principal of	ffice of the Limited Liability Company	v ie-
The haming dutiess and succe address of the principal of	ince of the Billiage Businey Company	, 16.
Principal Office Address:	Mailing Address:	
Auburdale Fl 33823	Same	
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate	e an individual or
The name and the Florida street address of the registered	agent are:	
Hunter T	2 de	
Namo	au y	
649 Honeyfarm L. Florida street address (P.O. Box	budy ane Auburndle F/ NOT acceptable)	
City Auburn	dale Zip 33823	
Having been named as registered agent and to accept set the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obtain. Chapter	t the appointment as registered agent a of all statutes relating to the proper and	nd agree to act in this d complete performance
Shorter Dong	ha de la companya de	
Registered Agent's Signa	re (REQUIRED)	ALLY SECO
(CONTINU	ED)	NOV -
Page 1 of 2		NOV-3 PH 3: 49
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(Use attachment if necessary) E. V.: Effective date, if other than the date of filing: ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 date filing.) E. VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or an archorized representative of a member. (In accordance with section 605,0203 (1) (b). Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are trugs, I am aware that any false information submitted in a document to the Department of States, I am aware that any false information submitted in a document to the Department of States, I am aware that any false information submitted in a document to the Department of States, I am aware that any false information submitted in a document to the Department of States, I am aware that any false information submitted in a document to the Department of States, I am aware that of the Department of States, I am aware that of the Department of States, I am aware that of the Department of States, I am aware that of the Department of States, I am aware that of the Department of States, I am aware that of the Department of States, I am aware that of the Department of States, I am aware that of the Department of States, I am aware that of the Department of States, I am aware that of the Department of States, I am a states,	"AMBR" = Authorized Member	Name and Address:
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ARTICLE IV-