

L15 000 146 845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

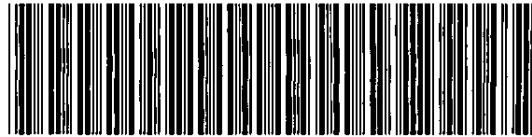
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/02/15--01002--008 **130.00

SECTION OF STATE
TALLAHASSEE, FLORIDA

15 SEP - 2 AM 11:08

APPROVED
AND
FILED

CLERK OF STATE
TALLAHASSEE, FLORIDA

2015 SEP - 2 AM 10:57

RECEIVED

9/2/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Glenn Hunter LLC

Name of Limited Liability Company

15 SEP 2 AM 11:09

RECEIVED
AND
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Glenn A. Hunter

Name of Person

CHC Tallahassee

Firm/Company

327 Office Plaza Drive Suite 200

Address

Tallahassee, Florida 32301

City/State and Zip Code

TallyGlenn@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Glenn Hunter

850

321-6060

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing 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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

I, Glenn Hunter, Am President of
Glenn Hunter Corporation give permission
for me to use Glenn Hunter LLC

DOC # 3597M

Glenn A. Hunter
Sept 2, 2015

RECEIVED

2015 SEP -2 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATTORNEY
AND
FILED

15 SEP -2 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

NOT RECORDED
AND
FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

Glenn Hunter LLC

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

15 SEP -2 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

327 Office Plaza Drive
Suite 200
Tallahassee, FL 32301

Mailing Address:

327 Office Plaza Drive
Suite 200
Tallahassee, FL 32301

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:

Glenn A. Hunter

Name

327 Office Plaza Drive, Suite 200

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL

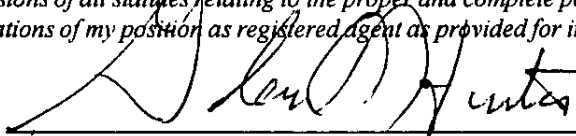
32301

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMR

Name and Address:

Glenn A. Hunter

327 Office Plaza Drive, Suite 200

Tallahassee, FL 32301

Rachel Hunter

327 Office Plaza Drive, Suite 200

Tallahassee, FL 32301

(Use attachment if necessary)

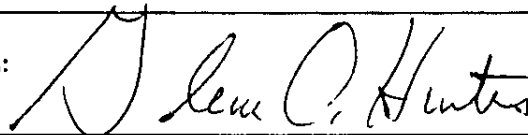
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Glenn A. 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)