

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I2C160000017
Phone : (800)345-4647
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
HUNTER STREET LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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AUG 07 2017

K. Brumbley

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HUNTER STREET LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

ELLIS R. MIRSKY, ESQ.

Name of Person

MIRSKY AND ASSOCIATES, PLLC

Firm/Company

TWO BLUE HILL PLAZA, SUITE 1571

Address

PEARL RIVER, NY 10965

City/State and Zip Code

EMIRSKY@MIRSKYLAW.COM

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

For further information concerning this matter, please call:

ELLIS R. MIRSKY

914

844-1571

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,
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Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314Street AddressNew Filing 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 STREET LLC

(Must contain 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:TWO BLUE HILL PLAZATWO BLUE HILL PLAZASUITE 1571SUITE 1571PEARL RIVER, NY 10965PEARL RIVER, NY 10965

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:

ADRIAN ALEXANDRU

Name

8924 COLLINS AVE., SUITE 7FFlorida street address (P.O. Box NOT acceptable)SURFSIDEFL33154

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.

Adrian Alexandru

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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