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To:						
	Division of C Fax Number	orporations: : (850)617-6381				
From	· ·					
FIOR		: BLUMBERG/EXCE	LSIOR CORP	ORATE SERV	VICES, INC	
		r : 07535 000 0353			•	
		: (800)221-2972				
	Fax Number	: (917)243-5843				
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Estimated Charge \$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Hunter Keys Realty LLC	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
CLE II - Address:	
ulling address and street address of the principal office	of the Limited Liability Company is:
g	
Principal Office Address:	Mailing Address:
-	2290 Bellmore Avenue
2290 Bellmore Avenue Bellmore, NY 11710	2290 Belimore Avenue Belimore, NY 11710

The name and the Florida street address of the registered agent are:

BlumbergExecelsior Corporate Services, Inc. Name 155 Office Plaza Drive, 1st Fl. 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..

Jose Mojica, Assistant Secretary

Agent's signature (REQUIRED)

(CONTINUED)

Page I of 2

"AMBR" = Manager AMBR R. John Cacciatore 2290 Bellmore, NY 11710 [Use attachment if necessary] Le V: Effective date, if other than the date of filing: Let've date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.] If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records. Le VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mamber 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. R. John Cacciatore Typed or printed name of signee Filling Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$3.0.00 Certified Copy (Optional)	Title:		Name and Address:
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\$ 5.00 Certificate of Status (Optional)

TALLAHASSEE, FL