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### **COVER LETTER**

1 1

TO: New Filing Section Division of Corporations
SUBJECT: HUNTER MCMULEN 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:
Richard P. Arnold CPA Name of Person
Name of Person
ARNOLD and Company, P.A.
41 SE 9th Terrace
Address
Ocala, Florida 34471  City/State and Zip Code  rparnold 1944 C g mail, com  Empired description
City/State and Zip Code
rparnoldiany C gmail, com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Richard P. AMA 352 732-664  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\frac{125.00 \text{ Filing Fee}}{Certificate of Status} \begin{array}{c} \Boxed{Bling Fee} \& \Boxed{Bling Fee} \

# **Mailing Address**

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

# Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	RT	ICI	.F. 1	_	Na	me:

The name of the Limited Liability Company is:

(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:

825 SE 11 H AVCNUE
OCALA, FLORIDA 34471

OCALA, FLORIDA 34471

OCALA, FLORIDA 34471

## 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:

RICHARD P. ARNOUD

Name

41 SE NINETH TETRACE

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

Ocala FLORIDA 34471

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	Name and Address: Member	
"MGR" = Manager  MGR	1tunter MC 825 11th Al Ocala, Flos	Myllen Yenye Tida 3447/
(Use attachment if neces	sary)	
of filing.) The date inserted in this	ner than the date of filing: August 1, late must be specific and cannot be more than fill block does not meet the applicable statutory filing the Department of State's records.	
of filing.) The date inserted in this ment's effective date on	plock does not meet the applicable statutory filing he Department of State's records.	
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of filing.)  'the date inserted in this ment's effective date on EVI: Other provisions, i  REOUIRED SIGNATU  Signature of the provision of the	block does not meet the applicable statutory filing he Department of State's records.  any.	ntative of a member0203 (1) (b), Florida Statutes. nent to the Department of State 55, F.S.
of filing.) the date inserted in this ment's effective date on E VI: Other provisions, i  REOUIRED SIGNATU  Signature of the	PRE:  Constant of State's records.  Cany.  C	ntative of a member. 3.0203 (1) (b), Florida Statutes. 3.55, F.S.