## L21000343940

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer.
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Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 928210 5156901 AUTHORIZATION : COST LIMIT 📿 ORDER DATE: July 26, 2021 ORDER TIME : 9:44 AM ORDER NO. : 928210-005 CUSTOMER NO: 5156901 DOMESTIC FILING NAME: ASHLEY SNELL ENTERPRISES LLC EFFECTIVE DATE: \_ ARTICLES OF INCORPORATION \_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION

EXAMINER'S INITIALS:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

CERTIFIED COPY
XX PLAIN STAMPED COPY

CORPORATION SERVICE COMPANY

1201 Hays Street

## COVER LETTER

TO:	New Filing Section Division of Corporations			
SUBJE	ASHLEY SNELL ENTERPRISES	LLC		
0.000		imited Liability Company		
The enc	losed Articles of Organization and fee(s)	are submitted for filing.		
Please r	eturn all correspondence concerning this	matter to the following:		
	Ashley Snell	Name of Person		
	MEICHTIN CHILLIC & CONST. I. D.	Name of Person		
	MEISTER SEELIG & FEIN LLP	Firm/Company		
	LIS DADY AVENUE TRUE COR	• •		
	125 PARK AVENUE, 7TH FLOOR	Address		
	NEW YORK, NY 10017	Addicas		
		City/State and Zip Code		
PH@MSF-LAW.COM				
		ed for future annual report notificati	an)	
For furth	er information concerning this matter, plea	ase call:		
	Johley SMILL and			
	Name of Person	Area Code Daytime Telephone	e Number	
Enclose	d is a check for the following amount:			
□\$125	.00 Filing Fee	&  S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree	ssec	

Tallahassee, FL 32314

Tallahassee, Fl. 32303



July 28, 2021

CSC

SUBJECT: ASHLEY SNELL ENTERPRISES LLC

Ref. Number: W21000106300

Please give original submission date as file date.

We have received your document for ASHLEY SNELL ENTERPRISES LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The zip code is not consistent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 921A00017719



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	ARTICLES OF ORGANIZATION FOR FLORIDA LI	MITEDIJABILITY COMPANÝ ECRETO 🕟	1 DF STATE
ARTICLE 1 - The name of the		TALEA W	SSEE, FL
AS	HLEY SNELL ENTERPRISES LLC (Must conatin the words "Limited Liability Con	punnov "LLC " or "LLC")	-
ARTICLE II			
	Principal Office Address:	Mailing Address:	

Sell N Roads LLC	Sell N Roads LLC
c/o FFO LLC, 135 W 50th Street, 19th Flr	c/o FFO LLC, 135 W 50th Street, 19th Flr
New York, New York 10021	New York, New York 10021

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:

Corporation Service Company				
	Name			
1201 Hays Street				
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 agregistered agent as profiled for in Chapter 605, F.S..

Corporation Service Company

BrEyliera Bar-ASGI VICC President Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each person a	uthorized to manage and control the Limited Liability Company:	
Title: "AMBR" * Authorized Member "MGR" = Manager	Name and Address:	
AMBR	SELL N ROADS LLC c/o FFO LLC, 135 West 50th Street, 19th Floor Nw York, New York 10021	
		SECRE TALL
<del></del>		PH W
		TATE FL
(Use attachment if necessary)		
(If an effective date is listed, the date must be sp the date of filing.)	e of filing:	•
ARTICLE VI: Other provisions, if any.		
	<del>/ , </del>	<del></del>
REQUIRED SIGNATURE:		
This document is execu	comber or an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.	

Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)

ASHLEY SNELL
Typed or printed name of signee