

L04000010894

DEPT. OF STATE
TALLAHASSEE, FLORIDA
04 FEB 10 PM 4:05

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

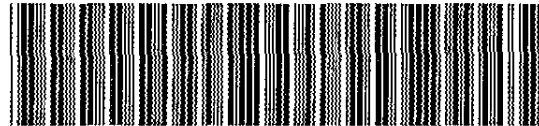
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000028433570

02/11/04--U1002--U12 **125.00

AL

RECEIVED
04 FEB 10 PM 3:59
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

04 FEB 10 PM 4:05

SUBJECT: Robert W Snyder 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:

Robert W Snyder
(Name of Person)

Robert W Snyder LLC
(Firm/Company)

P.O. 2902

(Address)

Box 15 Springs FL 34133
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Snyder at (239) 273-0332
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB 10 PM 4:05

ARTICLE I - Name:

The name of the Limited Liability Company is:

Robert W Snyder LLC

ARTICLE II - Address:

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

Principal Office Address:

10500 #36 Dean St.
Bonita Springs FL
34135

Mailing Address:

P.O. 2902
Bonita Springs FL
34133

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Robert W Snyder
Name

10500 #36 Dean St.
Florida street address (P.O. Box **NOT** acceptable)

Bonita Springs FLORIDA 34135
City, State, and 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 608, Florida Statutes..

Robert W Snyder
Registered Agent's Signature

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB 10 PM 4:05

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR M

Name and Address:

Robert W Snyder
10500 36 DEER ST
BONITA SPRINGS FL 34135

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Robert W Snyder

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert W Snyder

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)