

L 04000047809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Mark Church GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT suffix to be LLC  
DATE 6/25 @ 1:32 pm  
DOC. EXAM J. Bryan



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06/24/04--01058--023 \*\*160.00

J. BRYAN JUN 25 2004

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: James Snow and Associates, 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:

James Alfred Snow  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

179 Coconut Key Lane  
(Address)

Delray Beach, FL 33484  
(City/State and Zip Code)

For further information concerning this matter, please call:

James Snow at (561) 638-6565  
(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**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

James Snow and Associates, 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:**

179 Coconut Key Ln.  
Delray Beach, FL  
33484

Same

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

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

James Snow  
Name

179 Coconut Key Lane  
Florida street address (P.O. Box ~~NOT~~ acceptable)

Delray Beach FLORIDA 33484  
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..*

James Snow  
Registered Agent's Signature

**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

**Name and Address:**

Mgr.

James Snow  
179 Coconut Key Lane  
Delray Beach, FL 33401

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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

James Snow  
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.)  
James Snow  
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)