## L04000076181

(Requestor's Name)
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##130.00 \*\*130.00

O4 OCT 20 AM 9: 27



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 8, 2004

FRANK B. SNEAD 846 7TH STREET SW LIVE OAK, FL 32064

SUBJECT: SNEAD MASONRY, LLC

Ref. Number: W04000037193

OLOCT 20 AM 9: 27

We have received your document for SNEAD MASONRY, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 604A00058429

## SNEAD MASONRY, LLC

FRANK BERNARD SNEAD, Sr. 846 7th Street SW Live Oak, Florida 32064 (386) 362-4816

**SEPTEMBER 30, 2004** 

DEPARTMENT OF STATE Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Dear Sir,

This cover letter is submitted on behalf of Snead Masonry, LLC. I am filing Articles of Organization to form a Limited Liability Com-pany for my Masonry business. I shall operate this masonry business for profit. I am a sole proprietor. I have over 15 years of experience in the masonry industry. My business will be managed by me.

My proposed business name and address is as follows:

SNEAD MASONRY, LLC 846 7TH STREET SW LIVE OAK, FL 32064

(386) 362-4816

I am enclosing check #\_ 605\_ for \$130.00.

\$100.00

Filing Fee for Articles of Organization

5.00

**Certificate of Status** 

25.00

**Designation of Registered Agent** 

FRANK B. SNEAD, SR.

FBSsr.:mdf

This document prepared by:

Mae DeVoe Fields 101 NW King Street Live Oak, FI 32064 (386) 364-7666

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:
The name of the Limited Liability Company is:
SNEAD MASONRY, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
846 MIN STREET SW
846 MIN STREET SW LIVE OAK, FL 32064
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
THE TODAY IT - REGISTER OF REGISTER OF TREE OF THE PROPERTY OF
The name and the Florida street address of the registered agent are:
FRANK BERNARD SNEAD, SR.
FRANK BERNARD SNEAD, SR.  Name  Name  SHE TH STREET SW
846 TH STREET SW
Florida street address (P.O. Box NOT acceptable)  LIVE OAK FL 32064
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, F.S
40 6
Article IV - Management (Check box if applicable.)
Article IV - Management (Check box if applicable.)
The Limited Liability Company is to be managed by one manager or more managers and is,
therefore, a manager - managed company.
22 27 27 27 27 27 27 27 27 27 27 27 27 2
(An additional article must be added if an effective date is requested)
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.)
FRANK BERVARD SNEAD, SR Typed or printed name of signee
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)