

LO5000122867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

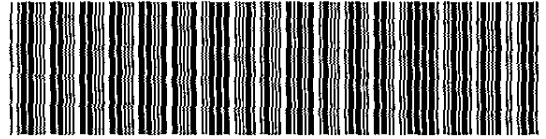
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000062384970

12/27/05--01028--012 \*\*125.00

FILED  
05 DEC 27 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan DEC 28 2005

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SNG Building, 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:

Nicole GARONZIK  
(Name of Person)

SNG Building LLC  
(Name/Company)

4445 Woodfield Blvd.  
(Address)

Boca Raton, FL 33434  
(City/State and Zip Code)

For further information concerning this matter, please call.

Nicole GARONZIK at (561) 391-7099  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SNG Building, LLC  
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC" or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4445 Woodfield Blvd  
BOCA RATON, FL 33434

SAME

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:

Nicole GARONZIK  
Name  
4445 Woodfield Blvd.  
Florida street address (P.O. Box NOT acceptable)  
BOCA RATON, FL 33434  
City, State, and Zip

FILED  
05 DEC 27 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

Nicole Garonzik  
Registered Agent's Signature (REQUIRED)

**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

Name and Address:


Nicole GARONZIK  
4445 Woodfield Blvd.  
BOCA RATON, FL 33434

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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

(In accordance with section 608.108(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Nicole GARONZIK

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED  
 05 DEC 27 PM 12:15  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA