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Certified Copies	_ Certificates	of Status
		
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NOLA'S Original Snowballs (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:	
Derek Holloman Danckea Paravet	
(Firm/Company)	٠.,
(1 mis Company)	
2500 Mercints Row Blue #91	
Tallarassee, Fl. 32311	<u>n</u>
(City/State and Zip Code)	77
For further information concerning this matter, please call:	
Dandrea Parault at 850, 942-7889 F	
,	
Enclosed is a check for the following amount:	
ρ \$125.00 Filing Fee ρ \$130.00 Filing Fee & ρ \$155.00 Filing Fee & ρ \$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:	
	nowballs LLC
(Must end with the words "Limited Liability Company, "Limited	I Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2500 Merchants Row Blvd 791 Talburgssee, FL. 32311	2500 meichents Row #91 Toulainssee FL 32.311
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	Halloman # ==
Name	SS
2500 mercha	ress (P.O. Box NOT acceptable)
Tallchasspe Fl	-FL 323/1
City, State, a	nd Zip
3 5 5	accept service of process for the above stated limited his certificate, I hereby accept the appointment as

Registered Agent's Signature (REQUIRED)

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..

(CONTINUED)

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
HORM	Danielas Parial
100011	Dundreatary vet 2500 merchants Row #91
	Tallahassee, FL 32311
MGRID	Dereir Holluman
··· DATI	2500 merchants Row #91
	Tollicinassee, FL 32311
	•
	(a) (c)
	SEC 3
	111:45
(Use attachment if necessary)	United States
CLE V: Effective date, if other than the	e date of filing: (OPTIONAL)
effective date is listed, the date mus	t be specific and cannot be more than five business da
o or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
	the state of the s
	7)

(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.)

Typed or printed name of signe

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)