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(Re	equestor's Name)					
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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO:	Registration Se Division of Co				
SUBJ	ECT: Snead	Island Adventures L.I	L.C. d Liability Company)		
		(Nume of Emilie	a Diability Company)		
The er	nclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.		
Please	return all corresp	ondence concerning this matte	er to the following:		
	William L.	Manfull			
			Name of Person)		
			Firm/Company)		
	2400 90th	Street N.W.		•	_ º
			(Address)		OF JUN 1
	Bradentor	, Florida 34209			是一般
			/State and Zip Code)		COR
For fu	rther information	concerning this matter, please	call:		PH 2: 45
<u>Willia</u>	am L. Manfu	1	at (941) 720-881	7720-8371	TO 18
	(Name	of Person)	(Area Code & Daytime T	elephone Number)	
Enclo	sed is a check fo	or the following amount:			
	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing For Certificate of Status of Certified Copy (additional copy is enclosed)	&
	•• ·	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lial	bility Company is	:	
Snead Island Adventures L.L	.C.		
(Must end with the words "Limited Lia	ability Company, "Limi	ited Company" or their abbreviation "LLC,	" or "L.C.,")
ARTICLE II - Address:			
	et address of the p	orincipal office of the Limited Li	ability Company is:
Principal Office Address:	•	Mailing Address:	
		National Actual Costs	
William L. Manfull		same	
2400 90th Street N.W.			
Bradenton, Florida 34209	·		·
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: William L. Manfull Name		SECRETARY DIVISION OF C	
2400 904	h Street N.W.		POR POR
2400 900		idress (P.O. Box NOT acceptable)	PH 2: 45
Dandonton Florido 24000		24 AS	
Diddonton	City, State,	FL and Zip	
liability company at the pregistered agent and agree to statutes relating to the propaccept the obligations of	tered agent and to lace designated in o act in this capaci per and complete p my position as reg	accept service of process for the this certificate, I hereby accept th ity. I further agree to comply with verformance of my duties, and I ar istered agent as provided for in C	he appointment as In the provisions of all In familiar with and
Keg	istered Agent's Signa	muic (KEQUIKED)	

(CONTINUED)
Page 1 of 2

REQUIRED SIGNATURE:

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.)

William L. Martill
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)