

L090000008075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

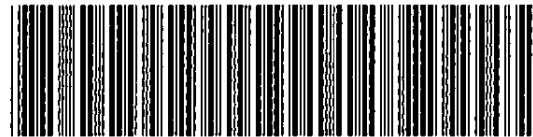
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300141448663

01/27/09--01002--001 **130.00

RECEIVED
09 JAN 26 PM 2:41
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
FILED
09 JAN 26 AM 8:06
SECRETARY OF STATE
DIVISION OF CORPORATIONS

J. BRYAN
JAN 27 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Snail Busters, 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:

William H. Hollimon, Esquire

(Name of Person)

Pennington Law Firm

(Firm/Company)

P.O. Box 10095

(Address)

Tallahassee, FL 32302-2095

(City/State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 26 AM 8:06

For further information concerning this matter, please call:

Barbara Sanders

(Name of Person)

at (850) 222-3533

(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

OF

SNAIL BUSTERS, LLC

FILED
STATE
SECRETARY OF
DIVISION OF CORPORATIONS
09 JAN 26 AM 8:06

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is Snail Busters, LLC (hereinafter referred to as the "Company").

2. MAILING ADDRESS AND STREET ADDRESS OF PRINCIPAL OFFICE.

The mailing address and street address of the place of business in Florida for the Company is 16624 Sunray Road, Tallahassee, FL 32309. Such address may be changed from time to time as provided in the Operating Agreement.

3. REGISTERED AGENT.

The initial registered agent in Florida for the Company is: Jess Van Dyke, and the initial registered office is located at 16624 Sunray Road, Tallahassee, FL 32309.

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.



Registered Agent's Signature

4. MANAGEMENT.

The management of the Company shall be reserved to the Members.

Executed at Tallahassee, Florida, on the 20th day of January, 2009.

By:


Jess Van Dyke, Member

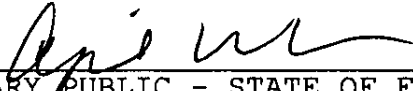
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 26 AM 8:06

STATE OF FLORIDA,

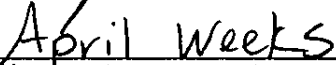
COUNTY OF LEON.

The foregoing instrument was acknowledged before me this _____ day of January, 2009, by Jess Van Dyke, a member of Snail Busters, LLC, a Florida limited liability company, on behalf of the company. He is personally known to me or has produced _____ as identification.

(SEAL)



NOTARY PUBLIC - STATE OF FLORIDA



Print, Type or Stamp Name of Notary Public



April R. Weeks
Commission # DD440738
Expires June 14, 2009
Bonded Troy Pen - Insurance, Inc. 800-386-7019

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 26 AM 8:06