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C. LEWIS
JUL 232009
EXAMINER

COVER LETTER

TO: Registration Sect Division of Corpo			
subject: Of in	nal Baltimo Name of Limi	re Snowballs, Lited Liability Company	<u>LC</u>
The enclosed Articles of O	rganization and fee(s) are	submitted for filing.	
Please return all correspond	lence concerning this ma	tter to the following:	
lared	Holm		
		Name of Person	
		Firm/Company	
3591 K	ernan Blud.	Address 3224 ty/State and Zip Code COM for future annual report notification)	
Jacksoni	ille, FL	32224	
hred.h	JIM @ Yahoo E-mail address: A be used	Com for future annual report notification)	
For further information con			
lared f	erson	_at (- 7119 ephone Number
Enclosed is a check for th	e following amount:		
\$125.00 Filing Fee	_	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u> </u>	Tailing Address	Street/Courier Address	

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

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:	
Original Baltimore (Newst end with the words "Limited Liability)	Snowballs UC ty Company," "L.L.C.," or "LLC.")
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:
3591 Kernan Blud South#110 Jackson ville, FC 32224	<u> </u>
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ored Agent. You must designate an individual or another expistered agent are:
The name and the Florida street address of the re	egistered agent are:
Jared Holm Name	egistered agent are:
	O' 3 COM
3591 Kernan	Blud. South#110 Box NOT acceptable)
Florida street address (P.O.	Box NOT acceptable)
(Jacksonuille	FL 32224
City, State, an	d Zip
Having hear ramed as registered agent and to	count saming of process for the above stated limited

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 (REQUIRED)

Page 1 of 2

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

"MGRM" = Managing Membe	Name and Address: SEGRETARY OF STABLISHASSEE. FL
1	or I a cla
MGK	Jared Holm
	3591 Kernan Blud South #110 Jacksonville, FC 32224
MG-RM	Polar Lilla SIII Va
7010 27	8808 OUD Harford Kd
	Baltimore, MD 21234
(Use attachment if necessary)	
LE V: Effective date, if other th	an the date of filing: (OPTIONAL)
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LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.)	
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LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE:	nust be specific and cannot be more than five business days pro
LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE: Signature of a recommendation of the second statement of the second state	nust be specific and cannot be more than five business days pri
LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE: Signature of a recordance of this document.	member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution and constitutes an affirmation under the penalties of perjury
LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE: Signature of a recordance of this document that the facts stress.	member or an authorized representative of a member. with section 608,408(3), Florida Statutes, the execution

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