

L090000 93840

(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



200160979562

09/28/09--01021--014 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 28 PM 2:56

B. KOHR

SEP 30 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SNAZZY WRAP IT, 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:

Patricia Maury
Name of Person

SNAZZY WRAP IT, LLC.
Firm/Company

2601 S. Ponte Vedra Blvd.
Address

Ponte Vedra, Florida 32082
City/State and Zip Code

zip42@snet.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Maury at (904) 829-3460
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

FILED
SECRETARY OF CORPORATIONS
09 SEP 28 PM 2:56

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SNAZZY WRAP IT, LLC.

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 28 PM 2:56

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2601 S. Ponte Vedra Blvd.
Ponte Vedra, Florida
32082

2601 S. Ponte Vedra Blvd.
Ponte Vedra, Florida
32082

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:

Patricia Maury
Name

2601 S. Ponte Vedra Blvd.
Florida street address (P.O. Box NOT acceptable)

Ponte Vedra FL 32082
City, State, and Zip

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..

Patricia Maury
Registered Agent's Signature (REQUIRED)

(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

"MGRM" = Managing Member

Name and Address:

MGR

Barbara MacDonald
18 Anson Rd.
Norwalk, CT. 06850

MGRM

Patricia Maury
2601 S. Ponte Vedra Blvd.
Ponte Vedra, Florida 32082

(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:

Patricia Maury
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.)

Patricia Maury
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)