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(Requestor's Name)				
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.⁴. (Business Entity Name)				
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SECRETARY OF STATE ALLAHASSEE. FLORIDA

2009 OCT 22 AM 10: 4

M. THOMAS

OCT 2 2 2009

EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	ECT:	SNN C	Consultants, LLC	
		Name of Limited	Liability Company	
The en	closed Articles o	of Organization and fee(s) are sub	omitted for filing.	
Please	return all corresp	oondence concerning this matter	to the following:	
			iam Spang	· · · · · · · · · · · · · · · · · · ·
		N	arne of Person	
		SNN C	onsultants, LLC	
		F	rm/Company	
15874 Delasol Lane				
			Address	Z00
	City/State and Zip Code		2009 OCT 22 SECRETARY ALLAHASSE	
			TARY ASSEI	
		E-mail address: (to be used for	oang@aol.com future annual report notification)	
For fur	ther information	concerning this matter, please ca	all:	MIO: FSTA FLOR
				TE 46
		am Spang a of Person	t (239) 28 Area Code & Daytime Telepl	9-3037 none Number
_		or the following amount:		
∕]\$125.	.00 Filing Fee	\$\ \text{\$130.00 Filing Fee & Certificate of Status}		\$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 Cir	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compa	any is:	
SNN Con	nsultants, LLC	
	ed Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	f the principal office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
15874 Delasol Lane	15874 Delasol Lane	
Naples, Florida 34110	Naples, Florida 34110	
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	istered Office, & Registered Agent's Signature: 2000 CT 2000 C	
The name and the Florida street address of	of the registered agent are: Compare	
Wil	lliam Spang	The same
	Name 5	
15874	4 Delasol Lane	
Florida street addres	ess (P.O. Box <u>NOT</u> acceptable)	
Naples, Florida 3		
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	William Spang 15874 Delasol Lane Naples, Florida
MGRM	Matt Nolton 2425 Pine Woods Circle Naples, Florida 34105
	200 TAL
(Use attachment if necessary)	Jate of filling:
ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be to or 90 days after the date of filing.) REQUIRED SIGNATURE:	specific and cannot be more than five business days prior
Signature of a member	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury

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)

William Spang
Typed or printed name of signee