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SECRETARY OF STATE
AND ABSSEE FLORING

J. BRYAN

APR -1 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SURJECT: McKenz	zie Sneller Home Soluti	ons, LLC.	
	· · · · · · · · · · · · · · · · · · ·	ed Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	oondence concerning this mat	ter to the following:	
Daniel D. Sno	eller		
		Name of Person	
McKenzie Sn	eller Home Solutions, LL	C.	
		Firm/Company	至 5
2590 SE 50th	Terrace		TARET TO
 		Address	31 SSS
Ocala, Florida	a 34480		HARY OF
		ty/State and Zip Code	2: 23 FLORID
daeadd@gma			
	E-mail address: (to be used	for future annual report notification	n)
For further information	concerning this matter, pleas	e call:	
Karin Sneller		at (352) 572-407	76
Name	of Person	Area Code & Daytime	Telephone Number
Enclosed is a check for	or 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 Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

McKenzie Snel		"Limited Liability Company, "L.L.C.," or "LLC.")	
		, , , ,	
ARTICLE II - A			
The mailing addre	ess and street ad	ess of the principal office of the Limited Liability Company is:	
Principal Office	Address:	Mailing Address:	
2590 SE 50th Terrace		2590 SE 50th Terrace	
Ocala, Florida 34480		Ocala, Florida 34480	
(The Limited Liability	Company cannot serv	Registered Office, & Registered Agent's Signature	1
(The Limited Liability of business entity with an	Company cannot serve active Florida regist	Registered Office, & Registered Agent's Signatures is its own Registered Agent. You must designate an individual or another ion.) Tress of the registered agent are:	<u> </u>
(The Limited Liability of business entity with an	Company cannot serve active Florida regist	Registered Office, & Registered Agent's Signatures is its own Registered Agent. You must designate an individual of mother ion.) Tress of the registered agent are:	ニニのフ
(The Limited Liability of business entity with an	Company cannot serve active Florida regist	Registered Office, & Registered Agent's Signatures its own Registered Agent. You must designate an individual or another ion.) Press of the registered agent are: Name Name	ここのフ
(The Limited Liability of business entity with an	Company cannot serve active Florida street a Karin Sneller 2590 SE 50t	Registered Office, & Registered Agent's Signatures its own Registered Agent. You must designate an individual or another ion.) Press of the registered agent are: Name Name	ここのフ
(The Limited Liability of business entity with an	Company cannot serve active Florida street a Karin Sneller 2590 SE 50t	Registered Office, & Registered Agent's Signatures is its own Registered Agent. You must designate an individual of another ion.) ress of the registered agent are: Name Name Terrace	リニのフ

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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..

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	Name and Address:
"MGRM" = Managing Member	
MGR	Daniel David Sneller
	2590 SE 50th Terrace
	Ocala, Florida 34480
MGR	John Jacob McKenzie
	1575 SE 33rd Terrace
	Ocala, Florida 34471
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(Use attachment if necessary)	ATE TO
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LE V: Effective date, if other than the	e date of filing: (OPTIONAL
ffective date is listed, the date must l	be specific and cannot be more than five business days
days after the date of filing.)	
DECLIDED SIGNATURE.	
REQUIRED SIGNATURE:	
	Snell
Signature of a memb	er or an authorized representative of a member.
	ection 608.408(3), Florida Statutes, the execution stitutes 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)

Daniel D. Sneller

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee