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SECRETARY OF STATE
TAUT AMASSEE, FLORIDA

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T. CLINE
AUG - 6 2012
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	ECT: All About Snoballs, L.L.C	
	Name of Limited Liability Company	
The en	aclosed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Lorraine McGuire	
	Name of Person	
	All About Snoballs, L.L.C	
	Firm/Company	
•	16020 Dublin Circle #2	
	Address	
ſ	Fort Myers, Florida 33908	
,	City/State and Zip Code	
_	allaboutsnoballs@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
Lorra	aine McGuireat (239 292-8680	
-	Name of Person Area Code & Daytime Telephone Number	
Enclos	sed is a check for the following amount:	
\$125.00	O Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status Certified Copy (additional copy is enclosed)	- Anna A
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32314 Zefo1 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	CICL	E I	_ N	ame
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The name of the Limited Liability Company is:

All About Snoballs, L.L.C

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
16020 Dublin Circle #2	16020 Dublin Circle #2
Fort Myers, Florida, 33908	Fort Myers, Florida 33908

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:

Lorraine McGuire	•
	Name
16020 Dublin	Circle #2
Florida s	treet address (P.O. Box NOT acceptable)
Fort Myers	_{FL} 33908
	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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Lorraine McGuire
WOR	16020 Dublin Circle #2
	Fort Myers,Florida 33908
	Full Myers, Fluttua 33906
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.)	date of filing: (OPTIONAL e specific and cannot be more than five business days
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