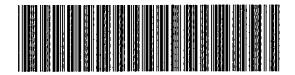
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# **COVER LETTER**

	Registration S Division of Co			
SUBJEC	т: <u>SN</u>	P FOLDINGS L Name of Limit	LC. led Liability Company	
The encl	osed Articles o	of Organization and fee(s) are	submitted for filing.	
Please re	turn all corresp	oondence concerning this mat	ter to the following:	
	Rop	DERICK C. PAYNE	N Characteristics	
			Name of Person	
			Firm/Company	
	17 29	8 FLICITO AL	IE APT II	
	. ~ .	E O(CCIED //V	Address	
	MIAMI	BCH FL 33	141	
<u> </u>	BLYND(	E-mail address: (10 be used	y/State and Zip Code  MATL: COM  for future annual report notification)	
		concerning this matter, please		
<u>Ro</u>	d. PAYNE Name	of Person	at ( <u>305 <b>\$</b></u> ) <u>879 80</u> Area Code & Daytime Telep	)/ hone Number
Enclosed	d is a check fo	or the following amount:		
<b>⊈\$</b> 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 Ci Tallahassee, FL 32301	rcle

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:

### ARTICLE II - Address:

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

#### Principal Office Address:

**Mailing Address:** 

1228 EUCLID AVE APTIL MTAMT BCH FL 33141

## 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:

RODERICK C. PAYNE

1228 EUCLID AVE APT //
Florida street address (P.O. Box NOT acceptable)

MIAMI BCH FL FL 33/9/

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..

(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	Name and Address:
"MGRM" = Managing Member	
MCRM	SMITH CHERY
	793 NW 115 ST MIAMI FL 33168
MGRM	JACOB NORGISSE 11525 NE 12 AVE
	N. MIAMI FL 33761

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: NOVEMBER 5, 2012. (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** 

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)