

L13000007418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

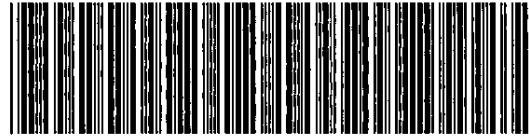
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2013 JAN 14 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JAN 15 2013

SNS REPORTING, LLC
Sharon Harbitz
1504 Citrus Orchard Way
Valrico, FL 33594

Division of Corporations
Amendment Section
PO BOX 6327
Tallahassee, FL 32314

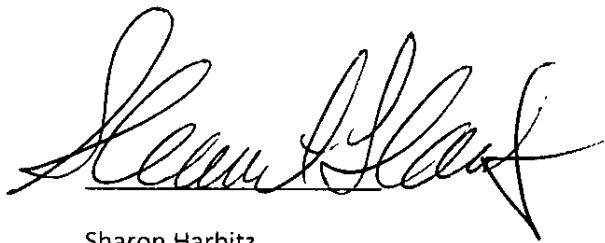
Re: Document #:L10000129018
SNS REPORTING LLC

To Whom It May Concern,

Please let this letter serve as proof that we have no intention of revoking the dissolution of the corporation, SNS REPORTING, LLC., therefore releasing the name for use to another entity.

If you require any further information in order to process this request, please contact my accountant, Gary Chadee at 115 N Pinewood Ave, Brandon, FL. He can be reached at (813) 684-1367.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sharon Harbitz', written over a horizontal line.

Sharon Harbitz,

Managing Member

SNS REPORTING LLC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SNS REPORTING, 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:

SHARON HARBITZ

Name of Person

Firm/Company

1504 CITRUS ORCHARD WAY

Address

VALRICO, FL 33594

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARON HARBITZ

Name of Person

at (**813**) **842-3901**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SNS REPORTING, LLC

(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:

1504 CITRUS ORCHARD WAY
VALRICO, FL 33594

Mailing Address:

1504 CITRUS ORCHARD WAY
VALRICO, FL 33594

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:

SHARON HARBITZ

Name

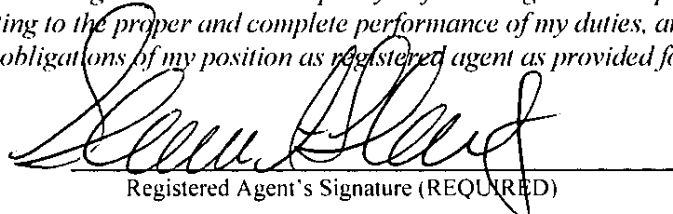
1504 CITRUS ORCHARD WAY

Florida street address (P.O. Box **NOT** acceptable)

VALRICO FL 33594

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)

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TALLAHASSEE, FLORIDA

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:

MGRM

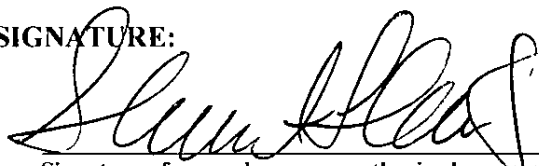
SHARON HARBITZ
1504 CITRUS ORCHARD WAY
VALRICO, FL 33594

(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:


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.)

SHARON HARBITZ

Typed or printed name of signer

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2018 JAN 14 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)