

L1300011017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

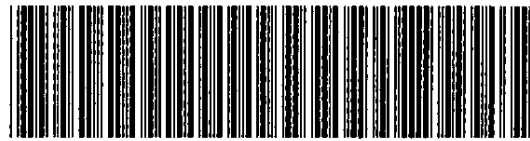
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
13 AUG - 5 PM 3: 31

6551#-271

AUG - 6 2013  
T. HAMPTON

(850) 245-6051.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SNW Industries, 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:

**George Strider**

Name of Person

Firm/Company

**915 Doyle Road, Suite 303-156**

Address

**Deltona, FL 32725**

City/State and Zip Code

**sandwindustries@yahoo.com**

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

For further information concerning this matter, please call:

**George Strider**

Name of Person

at **352** **875-7462**

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

George Strider  
SNW Industries, LLC  
915 Doyle Road  
Suite 303-156  
Deltona, FL 32725  
August 1, 2013

Attention Tammy Hampton  
Regulatory Specialist II  
Florida Dept. of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RE: SNW Industries, LLC Ref # W13000041599

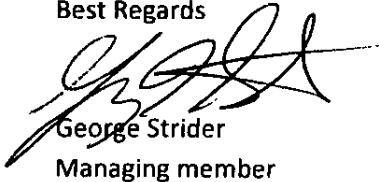
Dear Ms. Hampton:

Attached please find the corrected original of the Articles of Organization for SNW Industries, LLC. Also included is a copy of this original paperwork and the letter you sent regarding the discrepancy with Article V. We have corrected this article by leaving this blank and will use the filing date as our effective date.

Please contact us if there is any further question or concern in regards to filing our LLC paperwork.

We appreciate your timely attention to this matter and will look forward to receiving our finalized designation and certificate of status.

Best Regards



George Strider  
Managing member



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

13 AUG -5 AM 6:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 24, 2013

GEORGE STRIDER  
915 DOYLE RD  
STE 303-156  
DELTONA, FL 32725

SUBJECT: SNW INDUSTRIES, LLC  
Ref. Number: W13000041599

We have received your document for SNW INDUSTRIES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on July 23, 2013. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 813A00017933

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SNW INDUSTRIES, 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:**

**Mailing Address:**

915 Doyle Road, Suite 303-156  
Deltona, FL 32725

915 Doyle Road, Suite 303-156  
Deltona, FL 32725

**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:

George Strider  
Name

915 Doyle Road, Suite 303-156  
Florida street address (P.O. Box **NOT** acceptable)

Deltona, FL 32725  
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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**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

George Strider

915 Doyle Road, Suite 303-156

Deltona, FL 32725

MGRM

Stephanie Zing

915 Doyle Road, Suite 303-156

Deltona, FL 32725

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

George Wesley Strider  
\_\_\_\_\_  
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)**

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