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SECRETARY OF STATE

SECRETARY OF STATE

AUG - 8 2013 J. BRYAN (850) 245-6051.

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: The	Snack Buddy	LLC	
SUBJECT:		ed Liability Company	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	SECTE
Please return all corresp	ondence concerning this matt	er to the following:	- F
Jonatha	an Edward Zie	emba	E.F. F. S.
		Name of Person	92
The Sn	ack Buddy		
		Firm/Company	
461 Tal	l Oak Road		
		Address	
Naples,	FL 34113		
. , ,	_	y/State and Zip Code	
jeziemba	@comcast.net		
	E-mail address: (to be used t	for future annual report notification)	
For further information	concerning this matter, please	call:	
Jonathan E	E. Ziemba	_at (239) 821729	
Name	of Person	Area Code & Daytime Telep	hone 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	Stroot/Courier Address	

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:	فہ
The name of the Limited Liability Company is:	40 E 1
The Snack Buddy LLC	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.") ncipal office of the Limited Liability Company is
ARTICLE II - Address:	right in
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is
•	
Principal Office Address:	Mailing Address:
461 Tall Oak Road	461 Tall Oak Road
Naples, FL 34113	Naples, FL 34113
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
Jonathan Edward Ziemba	
Name	
461 Tall Oak Road	
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
Naples	_{FL} 34113
City, Stat	e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered 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:

"MGR" = Manager "MGRM" = Managing Member	
	Name and Address.
-	SS
	The state of the s
(Use attachment if necessary)	
	ne date of filing: (OPTIONAL
effective date is listed, the date mu o or 90 days after the date of filing.)	st be specific and cannot be more than five business
or you againer the date or ming.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	2
REQUIRED SIGNATURE:	3.

(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.)

Jonathan Edward Ziemba

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)