613000/39/3/

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
DCT - 2 201 3					
à. Lunt					
W13-48771					

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Office Use Only



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 3, 2013

STEVE BERRY 2930 DAY AVE. N204 MIAMI, FL 33133

SUBJECT: SNS ENTERPRISES, LLC Ref. Number: W13000048771

We have received your document for SNS ENTERPRISES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division s records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is P12000101820.

Please return 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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 613A00020788

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www.sunbiz.org

Division of Corporations DO ROY 6397 Tallahasson Florida 39314

(850) 245-6051.

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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT:	SNS VENTURES, 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:

STEVE BERRY	
Name of Person	
Firm/Company	
2930 Dry Ave, N204 Address	
(Address	
Minmi, FL 33133	
Minni, FL 33133 City/State and Zip Code Steve berry 13@hofmnil.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	

786 72 50 Area Code & Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

. **U\$125.00** Filing Fee

□\$130.00 Filing Fee & Certificate of Status S155.00 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 1 - Name:

The name of the Limited Liability Company is:

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
2930 DAY AVE	SA MAG
NZOY	$\rightarrow A/VF$
MIAMI, FL 33133	

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.)



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.

- Ale	n (e			
Rozister	red Atlent's Sig	hature (RE	QUIRED)	
\mathcal{V}	(CONT	INUED)		

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 'MGRM"= Managing Member

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Name and Address:

(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 of an authorized pepresentative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjary 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.) TENE BERRY 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 5.00 Certificate of Status (Optional)