

# L14000000889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2014 JAN -3 AM 11:42  
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APPROVED  
AND  
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2014 JAN -3 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

JAN - 3 2014

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Film Flips 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:

DON SNELGROVE

Name of Person

Film Flips, LLC

Firm/Company

7749 Normandy Blvd Ste 145-308

Address

Jacksonville, FL 32221

City/State and Zip Code

bbsnel@earthlink.net

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

For further information concerning this matter, please call:

Barbara Snellgrove

Name of Person

at ( 904 ) 783-1819

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:

Film Flips, 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:

7749 Normandy Blvd # 145-308  
Jacksonville, FL 32221

7749 Normandy Blvd Ste 145-308  
Jacksonville, FL 32221

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:

Donald Snellgrove

Name

7749 Normandy Blvd, Ste 145-308

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

Jacksonville


FL

32221

City

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 605, F.S.*

 MGR

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

mbr

mbr

\_\_\_\_\_

\_\_\_\_\_

**Name and Address:**

Donald Snellgrove  
7749 Normandy Blvd #145-308  
Jacksonville, FL 32221

Barbara Snellgrove  
7749 Normandy Blvd #145-308  
Jacksonville, FL 32221

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

(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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

 MGR

Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), 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.)

Donald Snellgrove  
Typed or printed name of signer

**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)