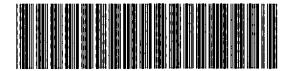
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DIVISION OF CORFORATIONS

14 FFB 26 AM II: 57

J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: NEON SERPENT 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:
JAMES D. BEECH
Name of Person
8: -0
Firm/Company
5966 PANORAMA LN A SE
Address \sim 95
North Port FL 34287 City/State and Zip Code grandmook @hotmail. Com The mail address: (to be used for future annual report notification)
City/State and Zip Code
grandmook Whotmail. Com E-mail address: (to be used for future annual report notification) 5
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SAMES D. BEECH at (941) 175-5989 Name of Person Area Code Daytime Telephone Number
Tallo of Colon
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & B\$155.00 Filing Fee & B\$160.00 Filing Fee,
· · · · · · · · · · · · · · · · · · ·
(additional copy is enclosed) Certified Copy (additional copy is enclosed)
enclosed in Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Letter
Mailing Address Street/Courier Address
Registration Section Registration Section
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 28, 2014

JAMES D BEECH 5966 PANORAMA LN NORTH PORT, FL 34287

SUBJECT: NEON SERPENT LLC Ref. Number: W14000013172

SECRETARY OF STATE OF CORPORATIONS

We have received your document for NEON SERPENT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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) 245-6951.

JENNA D HARRIS Regulatory Specialist II

Letter Number: 314A00004473

Effective Date 4113/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICLES OF ONCE ASSISTANCE ON E	Old Francisco Da Britist & Comment
ARTICLE I - Name: The name of the Limited Liability Company is:	
NEON SERPENT LLC.	iability Company, "L.L.C.," or "LLC.")
(Must end with the words "Limited L	lability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5966 PANORAMA LN	5966 PANORAMA LU
S966 PANORAMA LN NORTH PORTFL34887	5966 PANORAMA LU North PORT, PL 34287
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.) The name and the Florida street address of the registered at Name 3317 BAYSINE	egistered Agent. You must designate an individual or) gent are:
Florida street address (P.O. Box <u>N</u>	NOT acceptable)
PONTA GORDIA- City	FL 33982 Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	tice of process for the above stated limited liability company as the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in re605, 15 S

(CONTINUED)

Page 1 of 2

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Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	JAMES D. BEECH 5966 PANORAMA LN NORTH PORT FL 3487
(Use attachment if necessary) , ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sp the date of filing.)	of filing: APRIL 13th, 2014. (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days aft
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	us Decel
(In accordance with section 60	ember or an authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.

Typed or printed name of signee

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.)

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

14 FEB 26 AM II: 5