

L14000050491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

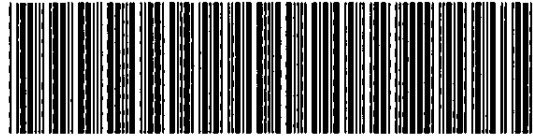
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700258166497

03/24/14--01043--006 **125.00

FILED
14 MAR 24 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE-BUREAU MAR 26 2014

P

BRANDON J. RAFOOL, L.L.C.
ATTORNEY AT LAW

Brandon J. Rafool



1519 Third Street, S.E.
Winter Haven, Florida 33880
www.BrandonRafool.com

Telephone: (863) 299-3339
Telecopier: (863) 295-9702



March 20, 2014

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: Rafool, Snyder, Tingley & Associates, L.L.C.

Dear Sir or Madam:

Enclosed please find the original Articles of Organization for the Limited Liability Company of Rafool, Snyder, Tingley & Associates, L.L.C., with Registered Agent Acceptance, and my firm's check in the amount of \$125.00 to cover the cost of your fee.

Thanking you in advance for your assistance in this matter.

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read 'Brandon J. Rafool'.

Brandon J. Rafool

BJR:apr
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: Rafool, Snyder, Tingley & Associates, 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:

Brandon J. Rafool, Esq.
Name of Person

BRANDON J. RAFOOL, LLC
Firm/Company

1519 Third Street SE
Address

Winter Haven FL 33880
City/State and Zip Code

christian.rafool@wellsfargoadvisors.com; crafool@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandon J. Rafool at (863) 299-3339
Name of Person 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:

Rafool, Snyder, Tingley & Associates, 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:

250 Third Street NW, Suite 100
Winter Haven, FL 33881

250 Third Street NW, Suite 100
Winter Haven, FL 33881

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:

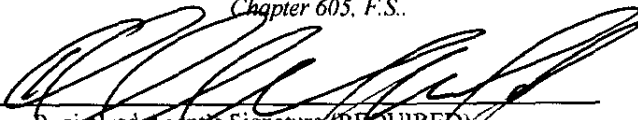
Brandon J. Rafool, Esquire
Name

1519 Third Street SE
Florida street address (P.O. Box NOT acceptable)

Winter Haven City FL 33880 Zip

FILED
14 MAR 24 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
AMBR/MGR

Name and Address:

Christian B. Rafool
100 Lake Region Blvd N
Winter Haven, FL 33881

AMBR

Ronald W. Snyder
309 Hamilton Shore Drive N
Winter Haven, FL 33881

AMBR

Earle C. Tingley
2853 Country Club Road N
Winter Haven, FL 33881

17 MAR 24 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

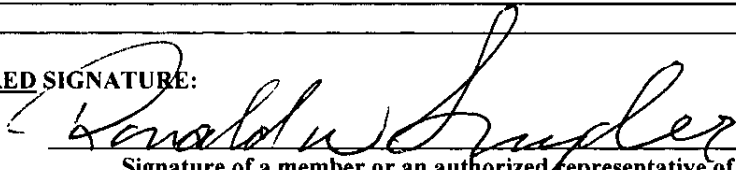
FILED

(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:



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.)

Ronald W. Snyder

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)