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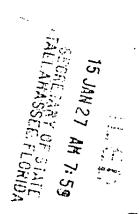
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	CCT: Sunbelt Endeavors, LLC Name of Limited Liability Company	
The en	closed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Darryl L. Snyder	
	Name of Person	
	Hoss's Pizza	
	Firm/Company	
	10601 US Hwy 441, C-18	
	Address	
	Leesburg, FL 34788 City/State and Zip Code	
Cir	ndv300s@vahoo.com	
	E-mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
<u>Darryl</u>	L. Snyder at (352) 728-4677 Name of Person Area Code Daytime Telephone Number	
Enclose	ed is a check for the following amount:	
□ \$125.0	O Filing Fee Status Sta	d)

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:		
Sunbelt Endeavors, LLC		•••
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.	")
ARTICLE II - Address:	•	
The mailing address and street address of the princip	pal office of the Limited Liability Company i	is:
Principal Office Address:	Mailing Address:	
10601 US Hwy 441, C-18	.10601 US Hwv 441, C-18	
Leesburg, FL 34788	Leesburg, FL 34788	
(The Limited Liability Company cannot serve as its another business entity with an active Florida regist The name and the Florida street address of the regist	tration.)	an individual or
_	-	
<u>Darryl L. Snyder</u> N	Name	
104 Sea Fern Dr		
Florida street address (P.O.	Box NOT acceptable)	
Leesburg,	FL 34788	
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby a capacity. I further agree to comply with the provise of my duties, and I am familiar with and accept the	accept the appointment as registered agent and ions of all statutes relating to the proper and i	d agree to act in this complete performance
	Signature (REQUIRED)	15 JAH 27 SEGRETAR ALLAHASS
(CON)	nioen)	1 No. 1
Page	1 of 2	AN 7:

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Domit Couder
IVICIX	Darryl L. Snyder 104 Sea Fern Dr
	Leesburg, FL 34788
MGR	Cynthia G. Shea
	104 Sea Fern Dr
	Leesburg, FL 34788
Use attachment if necessary)	
EV: Effective date, if other than the date ctive date is listed, the date must be sp	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
ctive date is listed, the date must be sp f filing.) E VI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me	ecific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date ctive date is listed, the date must be sp filing.) EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a me (In accordance with section 60)	mber or an authorized representative of a member.
EV: Effective date, if other than the date ctive date is listed, the date must be sp filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under the constitutes are affirmation under the constitutes an affirmation under the constitutes are affirmation under the constitutes an affirmation under the constitutes are affirmation unde	prior or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true; mation submitted in a document to the Department of State.
EV: Effective date, if other than the date ctive date is listed, the date must be sp filing.) EVI: Other provisions, if any. Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	prior or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true; mation submitted in a document to the Department of State.
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