## 615000028703

(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	<del>= #)</del>
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
TAIL AHASSEF, FLORIDA

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## **COVER LETTER**

SUBJECT:	Snoli A	d Aviation IIIC	
3000EC11	Name of Li	g Aviation, LLC mited Liability Company	<del></del>
The enclosed Articl	es of Organization and fee(s) a	are submitted for filing.	
Please return all cor	respondence concerning this n	natter to the following:	
		Curtis Snell	
		Name of Person	
	Sr	nell Ag Aviation, LLC Firm/Company	<del></del>
		тти сотр <b>а</b> лу	
		1653 Snell Road	<u></u>
		Address	
		pley, Florida 32428	
		City/State and Zip Code	
<del></del>	E-mail address: (to be use	ound@yahoo.com ed for future annual report notifica	ation)
For further informat	ion concerning this matter, ple	-	
To vario, monie	on concenning and matter, pre	use our.	
Curtis S	Snell at ( at (	850 ) 326-3734	
N	ume of Person	Area Code Daytime Te	lephone Number
Enclosed is a check	for the following amount:		
\$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

Snell A	Aviation, 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 pro-	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re	its own Registered Agent. You must designate an individual or
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re	Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or gistration.)
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re The name and the Florida street address of the re	Chipley. Florida 32428  Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or gistration.)  gistered agent are:

Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address;
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Curtis Snell
	1653 Snell Road
	Chipley, FL 32428
AMBR	Molissa Snell
	1653 Snell Road Chipley, FL 32428
	Ompley, 1 L 32-720
	A:
	m-
	<u>) سار</u> (
	<del>-</del>
I lea attachment if naceccary)	
EV: Effective date, if other than the dat ctive date is listed, the date must be sp	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to o
E V: Effective date, if other than the date ective date is listed, the date must be suffiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und I am aware that any false info	e of filing:
Extive date is listed, the date must be sport filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und I am aware that any false info	e of filing:
E V: Effective date, if other than the date ective date is listed, the date must be suffiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und I am aware that any false info	e of filing:

Page 2 of 2