## 16000012159

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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## COVER LETTER

	egistration Section vision of Corporations		
SUBJECT:		imited Liability Company	
The enclose	ed Articles of Organization and fee(s)	are submitted for filing.	
Please retur	n all correspondence concerning this r	natter to the following:	
	LILANNE FE	RNANDEZ Name of Person	
		Firm/Company	
	7863 NW 170	TERRACE Address	
	SNAPSHOP89 (Q) G	33015 City/State and Zip Code MAIL.COM ed for future annual report notificati	ion)
For further i	information concerning this matter, ple	ease call:	
LILIAN	NE FERNANDEZ at (		phone Number
Enclosed is \$125.00 Fil.	a check for the following amount: ing Fee \$\sum \text{\$\sum \$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 Addre Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons SPR

ARTICLES OF ORGANIZATION FOR FLO	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
Snap Shop 89 (Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office.	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7863 NW 170 TER HIALEAH, FL 33015	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	gent are:
LILIANNE FER	NANDEZ
Name	
7863 NW 170 T	ERRACE
Florida street address (P.O. Box N	OT acceptable)
HIALEAH	FL 33015
City	Zip
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligation.	ce of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S
(CONTINUEI	
Page 1 of 2	APR 14 FM 11: 29

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	LILIANNE FERNANDEZ 7863 NW 170 TER HIALEAH, FL 33015
<del></del>	
(Use attachment if necessary)	
ctive date is listed, the date must f filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than tive business days prior to or 90
ective date is listed, the date must of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than live business days prior to or 90
E VI: Other provisions, if any.  REQUIRED SIGNATURE:	be specific and cannot be more man more business days prior to or 90
E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of the date must of filing.)	a member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true.
E VI: Other provisions, if any.  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of the constitutes an affirmation I am aware that any false	a member or an authorized representative of a member.
E VI: Other provisions, if any.  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of the constitutes an affirmation I am aware that any false	The specific and cannot be more than tive business days prior to or 90 a member or an authorized representative of a member. Son 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.)
E VI: Other provisions, if any.  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of the constitutes an affirmation I am aware that any false	Typed or printed name of signee
E VI: Other provisions, if any.  E VI: Other provisions, if any.  Signature of the decordance with section constitutes an affirmation I am aware that any false constitutes a third degree that any false constitutes are the constitutes at the	Typed or printed name of Registered Agent
E VI: Other provisions, if any.  E VI: Other provisions, if any.  Signature of the decordance with section constitutes an affirmation I am aware that any false constitutes a third degree	Typed or printed name of Registered Agent  Filing Fees:  of Organization and Designation of Registered Agent  of Organization and Designation of Registered Agent  of Organization and Designation of Registered Agent
REQUIRED SIGNATURE:  Signature of (In accordance with sectionstitutes an affirmation I am aware that any false constitutes a third degree that the section of the section o	Typed or printed name of Registered Agent  Filing Fees:  of Organization and Designation of Registered Agent  of Organization and Designation of Registered Agent  of Organization and Designation of Registered Agent