

Division Corporations

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Florida Department of State
Division of Corporations
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From: Account Name : TRIAD PROFESSIONAL SERVICES
Account Number : I20160000008
Phone : (850) 777-2091
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**FLORIDA LIMITED LIABILITY CO.
SNFIST GROUP, LLC**

Certificate of Status	0
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Page Count	03
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04/14/16

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SNFIST GROUP, 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:

Sharon K. Gray

Name of Person

Triad Professional Services

Firm/Company

1720 Windward Concourse, Ste. 390

Address

Alpharetta, GA 30005

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon K. Gray

770

777-2091

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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\$125.00 Filing Fee

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\$130.00 Filing Fee &
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\$155.00 Filing Fee &
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\$160.00 Filing Fee,
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Mailing Address

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Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
SNFIST GROUP, LLC
(a Florida limited liability company)**

Pursuant to Florida Statutes §605.0201, the undersigned hereby submits the following Articles of Organization of **SNFIST GROUP, LLC** for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I.

Name

The name of the Limited Liability Company is "SNFIST GROUP, LLC" (the "Company").

ARTICLE II.

Principal Office and Mailing Address


The mailing address and street address of the principal office is 4601 Sheridan Street, Suite 600, Hollywood, FL 33021.

ARTICLE III.

Registered Agent

The name of the initial registered agent of the Company is NRAI Services, Inc., and the street address of the Company's initial registered agent is 1200 South Pine Island Road, Plantation, FL 33324.

These Articles of Organization are hereby executed by the undersigned Authorized Representative of the Company.


Alexander Zacharia
Authorized Representative

Acceptance of Appointment of Registered Agent

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.

NRAI SERVICES, INC.

By: 

Name: Sharon H. Green

Title: Assistant Secretary

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