U700012028

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

	egistration Section ivision of Corporations
SUBJECT	Gotcha Snow, LLC
SOBJECT	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	John Wright
	Name of Person
	Gotcha Snow, LLC
	Firm/Company
	7031 Scarlet Ibis Lane
	Address
	Winter Garden, FL 34787
	City/State and Zip Code gotchasnow@gmail.com
_	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	John Wright 972 646-0014
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing 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 Li	ability Company is:			
Gotcha Snow, I.				
(Must	end with the words "Limited	l Liability Compar	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and str	eet address of the principal o	ffice of the Limite	d Liability Company is:	
<u>Pr</u>	incipal Office Address:		Mailing Add	ress:
7031 Scarlet Ibi	s Lane	70:	31 Scarlet Ibis Lane	
Winter Garden,			nter Garden, FL 34787	
			·	
another business entity with	spany cannot serve as its own h an active Florida registratio treet address of the registered John Wright	n.)	Tournast designate and	idividus of
	John Wright	Name		
		ranic		
	7031 Scarlet Ibis Lar	· . · · 		
	Florida street address	s (P.O. Box <u>NOT</u>	acceptable)	
	Winter Garden	FL	34787	
	City	State	Zip	
lace designated in this certif irther agree to comply with i	ered agent and to accept servi icate, I hereby accept the appa the provisions of all statutes re he obligations of my position of Registe	ointment as registe elating to the prope as registered agen	red agent and agree to acter and complete performant as provided for in Chapte attraction (REOURED)	t in this capacity. Ince of my duties, and I
	Registo			TAL

FILED
17 JAN 18 AM 6: 02
BECREIART OF STATE

"AMI			Name and Address:
	BR" = Authorized	i Member	
	R" = Manager		
AME	iR	_	John Wright
			7031 Scarlet Ibis Lane
			Winter Garden, FL 34787
AME	≀R		Jennifer Wright
731411	<u>/IX</u>	-	7031 Scarlet Ibis Lane
			Winter Garden, FL 34787
		_	
			
-		_	
CLE V: effective	date is listed, the	other than the date of	filling: (OPTIONAL) ific and cannot be more than five business days prior to or 90 day
CLE V: effective te of filing If the discoument's	Effective date, if date is listed, the lig.) ate inserted in this	other than the date of e date must be speci s block does not mee in the Department of	ific and cannot be more than five business days prior to or 90 day et the applicable statutory filing requirements, this date will not be
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CLE V: effective te of filin If the di ocument's	Effective date, if date is listed, the leg.) ate inserted in this effective date of Other provisions. UIRED SIGNATIONS This d	other than the date of e date must be species block does not meet the Department of if any. FURE: Signature of a memocument is executed	et the applicable statutory filing requirements, this date will not be State's records. ber or an authorized representative of a member. In accordance with section 605,0203 (1) (b), Florida Statutes.
CLE V: effective te of filin If the di ocument's	Effective date, if date is listed, the leg.) ate inserted in this effective date of Other provisions. UIRED SIGNATIONS This diam a	other than the date of e date must be species block does not meet the Department of if any. FURE: Signature of a memocument is executed ware that any false in	et the applicable statutory filing requirements, this date will not be State's records. ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. aformation submitted in a document to the Department of State
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ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)