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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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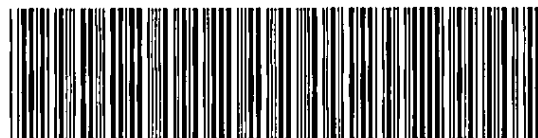
(Business Entity Name)

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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** SNEED FAMILY TRUST, 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:

Andrew J. Power, Esq.  
Name of Person  
Smith, Thompson, Shaw, Minacci, Colon & Power, P.A.  
Firm/Company  
3520 Thomasville Road, Fourth Floor  
Address  
Tallahassee, FL 32309  
City/State and Zip Code  
RWS2472@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew J. Power      \$50      893-4105  
Name of Person      at (      )      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee      ☐ \$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**

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 OF SNEED FAMILY TRUST, LLC

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The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **SNEED FAMILY TRUST, LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **MAILING ADDRESS OF BUSINESS.**

The mailing of the business in Florida for the Company is: 2472 Elfinwing Lane, Tallahassee, FL 32309. Such address may be changed from time to time as provided in the Operating Agreement.

5. **ADDRESS OF PLACE OF BUSINESS.**

The street address of the place of business in Florida for the Company is: 2472 Elfinwing Lane, Tallahassee, FL 32309. Such address may be changed from time to time as provided in the Operating Agreement.

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2021 DEC 21 AM 8:28  
TALLAHASSEE, FLORIDA  
CLERK OF CIRCUIT COURT

6. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is Richard W. Sneed, and the initial registered office is located at 2472 Elfinwing Lane, Tallahassee, FL 32309.

7. **MANAGEMENT.**

The name and address of the person authorized to manage and control the Limited Liability Company is as follows:

Richard W. Sneed  
2472 Elfinwing Lane  
Tallahassee, FL 32309

**EXECUTED** at Tallahassee, Leon County, Florida this <sup>20<sup>th</sup></sup> day of December, 2018.

  
\_\_\_\_\_  
Richard W. Sneed

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2018 DEC 21 AM 8:28  
TALLAHASSEE, FL 32309

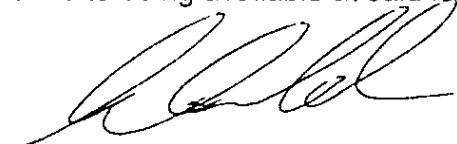
**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.**

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **SNEED FAMILY TRUST, LLC.**
2. The name of the registered agent and office is: Richard W. Sneed at 2472 Elfinwing Lane, Tallahassee, FL 32309.

<b>ACKNOWLEDGEMENT</b>
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Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

  
\_\_\_\_\_  
**Registered Agent**

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TALLAHASSEE, FL