

L20000051691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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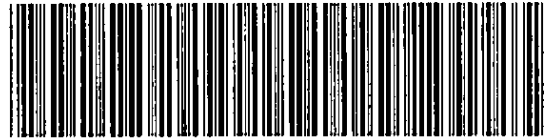
(Business Entity Name)

(Document Number)

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Office Use Only



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20 JAN 30 AM 8:45

J DENNIS

FEB 20 2020

COVER LETTER

TO: New Filing Section  
Division of Corporations

20 JAN 30 AM 8:45

SUBJECT: SNAGEL JR'S WELDING & TRAILERS, 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:

STEVEN PAUL SILBERNAGEL, JR.

Name of Person

SNAGEL JR'S WELDING & TRAILERS, LLC.

Firm/Company

609 LINCOLN AVENUE

Address

LEHIGH ACRES, FL 33972

City/State and Zip Code

Snagaljrswelding@gmail.com

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

For further information concerning this matter, please call:

STEVEN SILBERNAGEL 239 440-4092  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SNAGEL JR'S WELDING & TRAILERS, LLC.

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

20 JAN 30 AM 8:45

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

609 LINCOLN AVENUE  
LEHIGH ACRES, FL 33972

Mailing Address:

609 LINCON AVENUE  
LEHIGH ACRES, FL 33972

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

RICHARD ORTH

Name

1236 SHELBY PARKWAY

Florida street address (P.O. Box **NOT** acceptable)

CAPE CORAL

FL

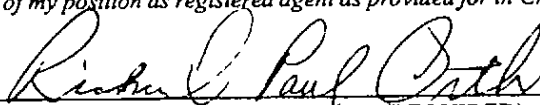
33904

City

State

Zip

*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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

STEVEN PAUL SILBERNAGEL, JR.

609 LINCOLN AVENUE

LEHIGH ACRES, FL 33972

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

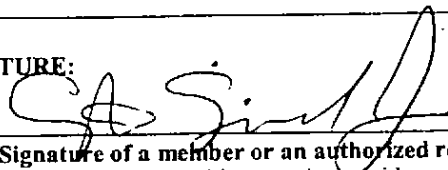
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

STEVEN PAUL SILBERNAGEL, JR.

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)