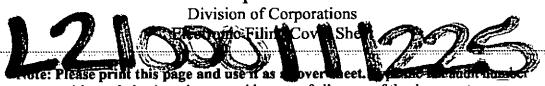
3/17/2021

Division of Corporations

(H21000108109 3

Florida Department of State



(shown below) on the top and bottom of all pages of the document.

(((H210001081093)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** ...

Email Address:_____

FLORIDA LIMITED LIABILITY CO. 2 SNELL LANE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$ 125.00

Electronic Filing Menu Corporate Filing Menu

Help

(H210001081093

COVER LETTER

TO:	New Filing Sec Division of Cor					
SUBJE	2 Snell Lan	e LLC				
SOBJE		Name of Lin	rited Liabil	ity Company	_	
The enc	losed Articles of	Organization and fec(s) are	submitted	for filing.		
Please 1	eturn all correspo	ondence concerning this ma	tter to the	following:		
	Jeffrey Nicol	ai Esq				
			Name of	Person		
	J Nicolai Lav	×				
		·	Firm/Co	ompany		
	250 King Str	ect #780				
			Addr	ess		
	San Francisc	o CA 94107				
			ity/State an	ıd Zip Code		
	jeffrey@jnico	iailaw.com E-mail address: (to be used	for future :	annual report notificati	ion)	
For further		ncerning this matter, please		1	•	
	Jeffrey Nicol	•	6	957-6763		
	Nam			Daytime Telephon	e Number	•
Enclose	d is a check for t	he following amount.				
	.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & led Copy lal copy is enclosed)	Certificate Certified C	Filing Fee, of Status & Copy opy is enclosed)
	New F Divisio P.O. B	ng Address illing Section on of Corporations Box 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assec et, Suite 810	2021 M.P. 17

4/005

(H21000108109 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2 Snell Lane LLC	
(Must conatin the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
CLE Π - Address:	
	of the Limited Liability Company is:
CLE II - Address: ailing address and street address of the principal office	of the Limited Liability Company is:
	of the Limited Liability Company is: <u>Mailing Address:</u>
ailing address and street address of the principal office	

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

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

another business entity with an active Florida registration.)

Corporation Service	Company	
	Name	
1201 Hays Street		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	eceptable)
Tallahassee	FL	32301
City	State	Zip

llaving 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..

Corporation Service Company

Registered Agent's Signature (REQUIRED)

(CONTINUED)

(H21000108109 3

21 HER 17 PH 12: 5

(H21000108109 3

(Use attachment if necessary) E.V: Effective date, if other than the date of filing:	Title:	Name and Address:		
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:	"AMBR" - Authorized Member			
(Use attachment if necessary) E.V.: Effective date, if other than the date of filing:	"MGR" = Manager			
(Use attachment if necessary) E.V.: Effective date, if other than the date of filing:				
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