

L21000169407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

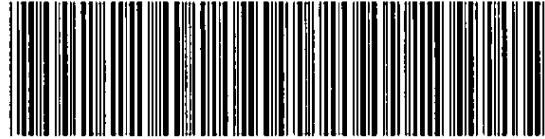
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 APR 20 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FL

2021 APR 20 PM 03:44



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **April 19, 2021**

Account#: 120000000088

Name: **David Shulman**

Reference #: **1352793**

Entity Name: **SNEAK IT, LLC**

☒ **Articles of Incorporation/Authorization to Transact Business**

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

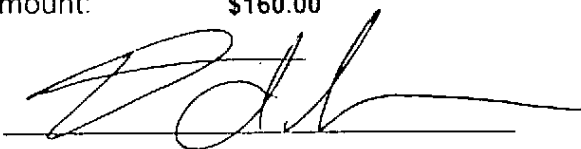
ISSUES? CALL

David:

850-270-0082

☒ **Other** Please provide a certified copy of the filing evidence, and, please provide a good standing certificate upon filing. Thank you!

Authorized Amount: **\$160.00**

Signature: 

✉ CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40th ST, 10th FL
NY, NY 10016
800.221.0102
+1.212.947.7200

✉ EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REG. OFFICE: HENGLAND & WALES
REG. NO. 121071
6 BEVIS MARKS, 1st FL
LONDON EC3A 7BA
+44 (0)20.3786.1090

✉ ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
INFINITUS PLAZA, 17th FL
199 DES VOEUX RD CENTRAL
HONG KONG
+852.3975.1803

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SNEAK IT, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

1717 Martin Luther King Jr Blvd
Quincy, FL 32353

Mailing Address:

PO Box 826
Quincy, FL 32353

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:

COGENCY GLOBAL INC.

Name

115 North Calhoun Street, STE. 4

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

Tallahassee

FL

32301

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..

/s/ Eric Hood, Assistant Secretary

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:

MGR

Bria Wesley

1717 Martin Luther King Jr Blvd

Quincy, FL 32353

(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:

/s/ Bria Wesley, Manager

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.

Bria Wesley

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)

2021 APR 20 AM 9:40
DEPARTMENT OF STATE
TALLAHASSEE, FL

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