

# L21000283016

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

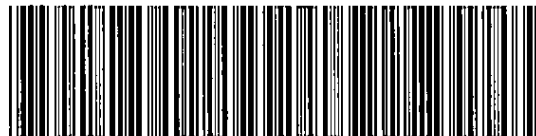
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 JUN 17 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FL

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2021 JUN 17 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 6/17/2021

**PRIORITY** Regular Approval

**OUR REF. # (Order ID#)** 928801

**ORDER ENTITY**  
SN PROJECT MANAGEMENT, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**SN PROJECT MANAGEMENT, LLC ( FL )**

Please file the attached articles and provide a certified copy.

**NOTES:**

\$155.00 Authorized

Email address for annual report reminders: [mbetancourt@gradyhunt.com](mailto:mbetancourt@gradyhunt.com)

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "VH" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**ARTICLES OF ORGANIZATION  
OF  
SN PROJECT MANAGEMENT, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statutes Chapter 605.0201, as amended, hereby makes, acknowledges and files the following Articles of Organization.

**ARTICLE I - NAME**

The name of the limited liability company is SN Project Management, LLC (the "Company").

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Company is 6310 Garrett Street, Jupiter, Florida 33458.

**ARTICLE III - REGISTERED OFFICE AND AGENT AND ADDRESS**

The name and street address of the registered agent and the registered office of the Company in the State of Florida are:

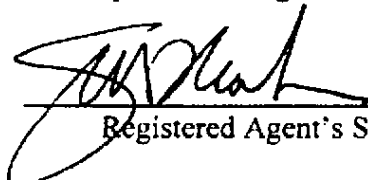
**Name**  
Sean Nealon

**Address**  
6310 Garrett Street  
Jupiter, Florida 33458

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED


Having been named as registered agent and to accept service of process for SN PROJECT MANAGEMENT, LLC at the place designated in this certificate, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with and accepts the obligations of his position as registered agent as provided for in Chapter 605, Florida Statutes

  
\_\_\_\_\_  
Registered Agent's Signature

Article IV – The Name and Address of each person authorized to manage and control the  
Limited Liability Company

AMBR                      Sean Nealon  
                                 6310 Garrett Street  
                                 Jupiter, Florida 33458

IN WITNESS WHEREOF, the undersigned has made and subscribed these Articles of  
Organization for the foregoing uses and purposes this 17<sup>th</sup> day of June, 2021.

By:   
Name: Sean Nealon  
Title: Member