

**L22000169940**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : AJ ACCOUNTING SERVICES, INC.  
Account Number : I20110000092  
Phone : (305)448-9584  
Fax Number : (305)448-9569

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

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RECEIVED  
2022 APR 22 AM 10:35  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.  
SN SMOKE SHOP LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: SN SMOKE SHOP 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:

NADIA MERISSA CORNELIUS

Name of Person

SN SMOKE SHOP LLC

Firm/Company

4812 14TH ST W

Address

BRADENTON, FL 34207

City/State and Zip Code

JARBOURANDASSOCIATES@GMAIL.COM

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

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32303

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For further information concerning this matter, please call:

NADIA M. CORNELIUS

305

448-9584

at ( )

Name of Person

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:

SN SMOKE SHOP 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:

4812 14TH ST W  
BRADENTON, FL 34207

Mailing Address:

4812 14TH ST W  
BRADENTON, FL 34207

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

NADIA MERISSA CORNELIUS

Name

4812 14TH ST W

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

<u>BRADENTON</u>	<u>FL</u>	<u>34207</u>
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.,

Nadia Cornelius

Registered Agent's Signature (REQUIRED)

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DIVISION OF CORPORATE  
REGISTRATION  
TALLAHASSEE, FL 32399

**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

NADIA MERISSA CORNELIUS  
4812 14TH ST W  
BRADENTON, FL 34207

AMBR

SHAMIM AKTER  
4812 14TH ST W  
BRADENTON, FL 34207

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 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

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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:**

Nadia Cornelius

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.

NADIA MERISSA CORNELIUS

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)