Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000923 Phone : (614)280-3338 Fax Number : (614)573-3996

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

dgross2266@gmail.com Email Address:__

FLORIDA LIMITED LIABILITY CO. SNOWY PLOYER LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Snowy Ployer 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:	Mailing Address:		
2266 West Lane Ave.	2266 West Lane Ave		
Columbus, OH 43221	Columbus, OH 43221		

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:

	מונאו	
428 Bella Vista Way	Fast	
Florida street addre:	ss (P.O. Box <u>NOT</u> ac	cceptable)
Sanibel	14	33957

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. Thereby accept the appointment as registered agent and agree to act in **1** is 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 Clypte 605, ES

/s/ David	d Gross
1	Registered Agent's Signature (4 EQ) [431]
	(CONTINUED)

031. IAU IO DU A

"AMBR" = Authorized Member "MGR" = Manager	<u>Name and Addre</u>	<u>'SS:</u>
AMBR	2266 West Lane Ave	
(Use attachment if necessary)	· .	
fate of filing.)	specific and cannot be more that meet the applicable statutory	
CICLEVI: Other provisions, if any.		
REQUIRED SIGNATURE:		2021
REQUIRED SIGNATURE:	id Gross	resentative of a member

Filing Fees:

Typed or printed name of signe

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

- \$ 30,00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)