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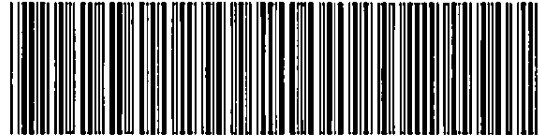
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Snodarass Family Care
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:

Samantha Chechele
Name of Person

Chechele Law
Firm/Company

1177 1st Ave South
Address

St. Peteresberg, FL 33707
City/State and Zip Code

Samantha@chechelelaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Chechele at (1177) 1044-4492
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

of

SNODGRASS FAMILY CARE, LLC

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

ARTICLE I - ORGANIZATION NAME

The name of the organization is Snodgrass Family Care, LLC.

ARTICLE II - DURATION

The limited liability company shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The limited liability company is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida, and to be afforded all the protections of the laws of the State of Florida afforded to limited liability companies.

ARTICLE IV – ORGANIZATION OFFICE

The organization's principal office address shall be as follows:

2357 Catclaw Street
Gilbert, AZ 85296

The organization's mailing address shall be as follows:

2357 Catclaw Street
Gilbert, AZ 85296

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**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED AGENT'S
SIGNATURE**

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Claire V. Chechele
7127 First Avenue South
St. Petersburg, FL 33707

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.



Claire V. Chechele, Registered Agent

ARTICLE VI - MANAGERS

This organization shall have one (1) manager initially. The number of managers may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial managers of the organization are as follows:

Jason Snodgrass
2357 Catclaw Street
Gilbert, AZ 85296

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ARTICLE VII - SIGNER

The name and address of the person signing these Articles of Organization is as follows:

Claire V. Chechele
2357 Catclaw Street
Gilbert, AZ 85296

ARTICLE VIII – MANAGEMENT

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Organization this 26th day of April, 2024

Claire V. Chechele

Claire V. Chechele

STATE OF FLORIDA
COUNTY OF PINELLAS

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Jason Snodgrass, known to me to be the person who executed the foregoing Articles of Organization, and who acknowledged before me that she executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, 26th day of April, 2024

Alexis Albero

Notary Public, State of Florida at Large
My Commission Expires:

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