

1201 HAYS STREET  
TALLAHASSEE, FL 32301

800-342-8086

**CSC networks**

PRESTIGE HALL  
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 650800 150035A

AUTHORIZATION :

*Patricia Pignato*

COST LIMIT : \$ 285.00

ORDER DATE : July 28, 1995

ORDER TIME : 11:52 AM

400001555224

ORDER NO. : 650800

CUSTOMER NO: 158035A

CUSTOMER: Mr. Richard J. Snyder  
MR. RICHARD J. SNYDER

43 Kathy Drive

Ormond Beach, FL 32176

DOMESTIC FILING

*Snyder Management Consultants, Inc.*

NAME: ~~RJS ENTERPRISES L.L.C.~~

☒ ARTICLES OF LIMITED LIABILITY COMPANY  
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper

EXAMINER'S INITIALS:

*J. BROWN*

AUG 17 1995

FILED

95 AUG -9 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*1124, 562*



FLORIDA DEPARTMENT OF STATE

August 9, 1995

Sandra B. Mortham  
Secretary of State

CSC NETWORKS  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

SUBJECT: RJS ENTERPRISES L.L.C.  
Ref. Number: W95000015981

We have received your document for RJS ENTERPRISES L.L.C. and the authorization to debit your account in the amount of \$285.00. However, the document has not been filed and is being returned for the following:

The name of a Limited Liability Company must end with the words "limited company", or their abbreviation "L.C." "L.L.C." is not an acceptable suffix in the state of Florida. Please note the periods as punctuation must be included in the suffix.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6932.

Teresa Brown  
Corporate Specialist

Letter Number: 195A00037248

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

FILED  
95 AUG -9 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SNYDER MANAGEMENT CONSULTANTS, L.C.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 43 KATHY DRIVE, ORMOND BEACH, FL 32176

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be: 08-15-2025

**ARTICLE IV - Management:**

*(check and complete the appropriate statement)*

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

RICHARD J. SNYDER  
43 KATHY DRIVE  
ORMOND BEACH FL 32176

ELEANOR J. SNYDER  
43 KATHY DRIVE  
ORMOND BEACH FL 32176

**ARTICLE V - Admission of Additional Members:**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

N A

**ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

N A

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of \_\_\_\_\_

SNYDER MANAGEMENT CONSULTANTS, L.L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 2000.00 .
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0 . A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$ 2000.00 . This total includes amounts from 2 and 3 above.

Eleanor J. Snyder

Signature of a member or authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**FILING FEE: \$ 250 for Articles of Organization and Affidavit**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: \_\_\_\_\_

\_\_\_\_\_  
SNYDER MANAGEMENT CONSULTANTS, L.L.C.

2. The name and address of the registered agent and office is:

\_\_\_\_\_  
ELEANOR J. SNYDER

(Name)

\_\_\_\_\_  
43 KATHY DRIVE

(P.O. Box not acceptable)

\_\_\_\_\_  
ORMOND BEACH, FL 32176

(City/State/Zip)

95 AUG -9 AM 11:02  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

Eleanor J. Snyder  
(Signature)

August 4, 1995  
(Date)

**FILING FEE: \$ 35 for Designation of Registered Agent**

**FILE NOW: Fee after May 1, will be \$263.75**

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra H. Matheson  
Secretary of State  
DIVISION OF CORPORATIONS

**FILING FEE**  
**\$ 238.75**

Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT #L95000000627**

SNYDER MANAGEMENT CONSULTANTS, L.C.  
43 KATHY DRIVE  
ORMOND BEACH FL 32176

1a. Principal Place of Business Address

43 KATHY DRIVE  
ORMOND BEACH FL 32176

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

08/09/1995

3a. State of Formation

FL

4. FEI Number

59-3336377

☐ Applied For

☐ Not Applicable

5. Date of Last Report

NA

6. Certificate of Status Desired

☐ \$0.75 Additional Fee Required

7. Name and Address of Current Registered Agent

SNYDER, ELEANOR J  
43 KATHY DRIVE  
ORMOND BEACH FL 32176

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.500, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM SNYDER, RICHARD

43 KATHY DRIVE

ORMOND BEACH FL

MGRM SNYDER, ELEANOR J

43 KATHY DRIVE

ORMOND BEACH FL

300001815023  
-05/09/96--01065--041  
\*\*\*\*238.75 \*\*\*\*238.75

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address

SIGNATURE: *Richard J. Snyder* RICHARD J. SNYDER APR 30, 96 909-441-3609

SIGNATURE AND TITLE OF LIMITED LIABILITY COMPANY MANAGER OR REGISTERED MANAGER

Date

Daytime Phone #

# L95000000627

Richard J. Snyder  
Eleanor J. Snyder  
43 Kathy Drive  
Ormond Beach, FL 32176

City/State/Zip

Phone #

500002102665--B  
-03/03/97--01107--001  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
MAR -3 AM 9:39  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Voldis

VS MAR 6 1997



ARTICLES OF DISSOLUTION  
FOR  
A FLORIDA LIMITED LIABILITY COMPANY

FILED

97 MAR -3 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the limited liability company is SNYDER MANAGEMENT CONSULTANTS, L.L.C.  
FEI No. 50-3336377

2. The effective date of the limited liability company's dissolution is FEBRUARY 28, 1997

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

Both members of SNYDER MANAGEMENT CONSULTANTS, L.L.C. agree that the  
company should be dissolved as evidenced by the signatures below.

4. CHECK ONE:

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

6. CHECK ONE:

☒ There are no suits pending against the company in any court.  
-OR-

☐ Adequate provision has been made for the satisfaction of any judgement, order or decree which may be entered against it in any pending suit.

Signatures of all members:

Signature

Richard Snyder FEB 28, 97  
Eleanor J. Snyder

Typed or Printed name

RICHARD SNYDER, President

ELEANOR J. SNYDER, Chief Financial Officer