

PD80000014181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

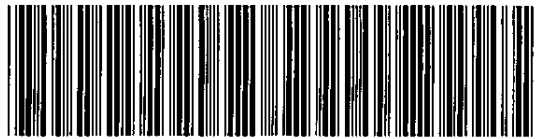
(Business Entity Name)

(Document Number)

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

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FILED  
08 FEB -4 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

28-3788

## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** The SNB GROUP INC.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Brett K. Hall

Name (Printed or typed)

1690 Barton St

Address

Longwood, Fl. 32750

City, State & Zip

407-716-9521

Daytime Telephone number

**NOTE:** Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 24, 2008

BRETT K HALL  
1690 BARTON ST  
LONGWOOD, FL 32750

SUBJECT: THE SNB GROUP INCORP.  
Ref. Number: W08000003788

We have received your document for THE SNB GROUP INCORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of 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 (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 208A00005060

RECEIVED  
08 FEB -4 AM 8:00  
DIVISION OF CORPORATIONS

## **ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### **ARTICLE I      NAME**

The name of the corporation shall be:

**The SNB GROUP INC.**

### **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailing address is:

1690 Barton St.

Longwood, Fl. 32750

### **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

1099 Tax purpose

### **ARTICLE IV      SHARES**

The number of shares of stock is:

20

### **ARTICLE V      INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Brett K. Hall(President)

1690 Barton St.

Longwood, Fl. 32750

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Brett K. Hall  
1690 Barton St.  
Longwood, Fl. 32750

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

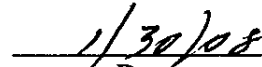
Brett K. Hall  
1690 Barton St.  
Longwood, Fl. 32750

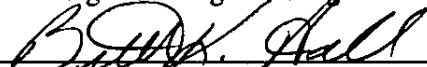
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TALLAHASSEE, FLORIDA

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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date