

P 11000057940

(Requestor's Name)

(Address)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/16/11--01003--014 **70.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 JUN 16 PM 3:39

for 6/22/11

COVER LETTER

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

SUBJECT: Sneads Properties 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: Cody G. McDaniel
Name (Printed or typed)

8166 Hwy 90
Address

Sneads, FL 32460
City, State & Zip

850 593-6836
Daytime Telephone number

branch2005@earthlink.net
E-mail address: (to be used for future annual report notification)

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

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2011

CODY G. MCDANIEL
8166 HIGHWAY 90
SNEADS, FL 32460

SUBJECT: SNEADS PROPERTIES, INC
Ref. Number: W11000030240

We have received your document for SNEADS PROPERTIES, INC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 211A00013524

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Sneads Properties, Inc
8166 Hwy 90
Sneads, FL 32460
850-539-6836

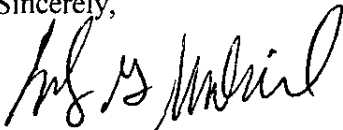
RECEIVED
11 MAY 19 AM 11:26
DIVISION OF CORPORATIONS

Dear Claretha,

This letter is in reference to a name conflict between L11000053610 – Sneads Properties, LLC and W11000026592 Sneads Properties, Inc. The principals are the same for both entities. Please allow Sneads Properties, Inc. to file because of this association. Enclosed is the letter we received informing us of this conflict, and instructions to allow proper filing. Also enclosed is a sworn statement that the above is true.

If you need more information please contact me by phone or email. Thank you for your help regarding this matter.

Sincerely,



Cody G. McDaniel
President, Sneads Properties

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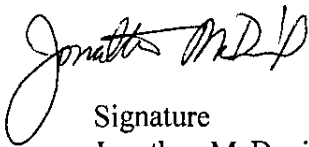
I do solemnly swear, of being the sole principals of L11000053610 Sneads Properties, LLC and W11000026592 Sneads Properties, Inc.



Signature
Cody McDaniel, President

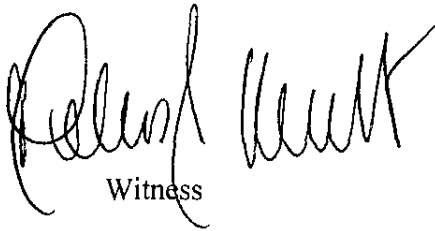
5-13-11

Date



Signature
Jonathan McDaniel, Vice President

Date 5/13/11



Witness

5-13-11

Date

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ARTICLES OF INCORPORATION

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

ARTICLE I NAME

The name of the corporation shall be: Sneads Properties, Inc

2011 JUN 16 PM 3:39

ARTICLE II PRINCIPAL OFFICE

Principal street address
8166 Highway 90
Sneads, FL 32460

Mailing address, if different is:
P. O Box 610
Sneads, FL 32460

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to conduct business for any lawful purpose.

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cody G. McDaniel / President Name and Title: _____
Address: 2200 El Bethel Church Rd Address: _____
Grand Ridge FL 32442

Name and Title: Jonathan A. McDaniel / Vice President Name and Title: _____
Address: 10165 Lexington Lane Address: _____
Marianna 32448

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Cody G. McDaniel
Address: 2200 El Bethel Church Rd
Grand Ridge FL 32442

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cody G. McDaniel
Address: 2200 El Bethel Church Rd
Grand Ridge FL

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]
Required Signature/Registered Agent

6-9-11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

[Signature]
Required Signature/Incorporator

6-9-11
Date