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SUBJEC	SS South Fulton, LLC					
30000	Name of Limited Liability Company					
The encl	osed Articles o	f Organization and f	ce(s) are submi	tted for filing.		
Please re	eturn all corresp	ondence concerning	this matter to t	he following:		
	David R. Ph	nillips, Esq.				
			Name	e of Person		
	Phillips, Ha	yden & Labbee, LLi	P			
	Firm/Company					
	19321 US Highway 19 North, Suite 301					
			A	ddress		
	Clearwater,	FL 33764				
	stacev@stree	etsideretail.com	City/State	and Zip Code		
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	David R. Phi	illips, Esq.	727 at (300-1399		
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	00 Filing Fee	□\$130.00 Filing Certificate of Sta	Fee & 🗆 !	5155.00 Filing Fee & rified Copy ional 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			Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
	Tallahassee, FL 32314			Tallahassee, FL 32303		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SS South Fulton, LLC			
(Must contain	the words "Limited 1	iability Company	, "L.L.C.," or "LLC.")
E II - Address:			
ng address and street add	ess of the principal of	ffice of the Limite	d Liability Company is:
Principal Office Address:			Mailing Address:
125000 1 5 1 11		120	100 Book Douleumed North #246
13799 Park Boulevard I	North, #246		99 Park Boulevard North, #246
Seminole, FL 33776 E III - Registered Agent ited Liability Company ca	. Registered Office, a	Ser & Registered Age Registered Agent.	ninole, FL 33776
E III - Registered Agent ited Liability Company causiness entity with an acti	, Registered Office, on not serve as its own ve Florida registration	& Registered Agent.	ninole, FL 33776 ent's Signature:
E III - Registered Agent ited Liability Company causiness entity with an action and the Florida street add	Registered Office, a nnot serve as its own ve Florida registration dress of the registered	& Registered Agent. n.) agent are:	ninole, FL 33776 ent's Signature:
E III - Registered Agent ited Liability Company causiness entity with an action and the Florida street add	, Registered Office, on not serve as its own ve Florida registration	& Registered Agent. n.) agent are:	ninole, FL 33776 ent's Signature:
E III - Registered Agent ited Liability Company causiness entity with an action and the Florida street add	Registered Office, a nnot serve as its own ve Florida registration dress of the registered	& Registered Age Registered Agent. n.) agent are:	ninole, FL 33776 ont's Signature: You must designate an individua
E III - Registered Agent ited Liability Company causiness entity with an action and the Florida street add	Registered Office, on the serve as its own we florida registration tress of the registered David R. Phillips, Esc.	Registered Age Registered Agent. agent are: Name North, Suite 301	ninole, FL 33776 Int's Signature: You must designate an individua
E III - Registered Agent ited Liability Company causiness entity with an action and the Florida street additional actions.	Registered Office, a nnot serve as its own ve Florida registration dress of the registered David R. Phillips, Esc 19321 US Highway 1	Registered Age Registered Agent. agent are: Name North, Suite 301	ninole, FL 33776 Int's Signature: You must designate an individua

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" ≠ Manager	
MGR	Stacey Buckley
	13799 Park Boulevard North, #246
	Seminole, FL 33776
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
(Ose attachment it necessary)	
If an effective date is listed, the date must be sp he date of filing.)	ecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a m	ember or an authorized representative of a member.
	ted in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any fals-	e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
<u>David R. Phillips</u>	s. Esa.
	Typed or printed name of signee
	Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)