## 100000,523

City/State/Zip

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Office Use Only

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NEW FILINGS		<u>AMENDMENTS</u>	<del>.</del>
Profit		☐ Amendment	58
Not for Profit		Resignation of R.A., Office	er/Director
Limited Liability  nent Domestication		Change of Registered Age	nt
ner Other DCC		Dissolution/Withdrawal	
OTHER FILINGS		☐ Merger	
er _		REGISTRATION/QUALIFIC	CATION
er Annual Report		☐ Foreign	
Fictitious Name		Limited Partnership	
		Reinstatement	
Verifyer DCC		Trademark	
		Other	
		005234 Exam	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
SSB PROPERTIES, LLC
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
6924 S.W. 114 PL. #B
MIAMI, FL, 33173
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
JOHN 10R
5333 GULPS Ave Svite 306
Florida street address (P.O. Box NOT acceptable)  MANU BENCH FL 3314-0
City, State, and Zip
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 608, F.S  Registered Agent's Signature  Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.
(An additional article must be added if an effective date is requested)  Signature of a member or an authorized representative of a member.  (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  SCOTT BEASLEY
Typed or printed name of signee  FILING FEES: \$ 100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (OPTIONAL) \$ 5.00 Certificate of Status (OPTIONAL)

## 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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limited Liability Company is:			
<u> </u>	PROPERTIES, LLC,			
	and the Florida street address of the registered agent and office are:			
	JOHN TUR			
	(name)		$\dot{\sim}$	
	5333 COLLIPS AVE SUITE 306	10 S	)O <b>*</b>	
	Florida street address (P.O. Box NOT ACCEPTABLE)		A	11
	MIBNU BEACH FL 33140	RY OF	2 PM 4:	ILED
	City/State/Zip	STATE HORIDA	4: 58	
nability compa agent and agre relating to the j	amed as registered agent and to accept service of process for the above my at the place designated in this certificate, I hereby accept the appoint to act in this capacity. I further agree to comply with the provisions of proper and complete performance of my duties, and I am familiar with any position as registered agent as provided for in Chapter 608, F.S	tment as of all stat	regi.	stered

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00

\$ 5.00