

Florida Department of State
Division of Corporations
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Fax Number : (850) 922-4003

From:

Account Name : FOWLER, WHITE, BURNETT, ET AL
Account Number : 071250001512
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LIMITED LIABILITY COMPANY

SSA SERVICES I, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION
OF
SSA SERVICES I, LLC

ARTICLE I

The name of the limited liability company formed hereby is SSA SERVICES I, LLC (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company shall be as follows:

Mailing Address:

P.O. Box 526406

Miami, Florida 33152

Street Address:

100 S.E. 2nd Street, 18th Floor

Miami, Florida 33131

ARTICLE IV

The Registered Agent of the Limited Liability Company and street address in the State of Florida are as follows:

Mariana C. Blanco, Esq.

100 S.E. 2nd Street, 18th Floor

Miami, Florida 33131

ARTICLE V

Management of the Limited Liability Company is reserved to its Members. The name and address of the sole initial Member is:

Jose F. Cancio

P.O. Box 526406

Miami, Florida 33152

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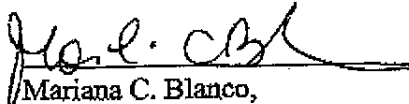
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ARTICLE VI

The Members may admit additional Members with the approval of the Managing Member on such terms and conditions as may be approved by the Managing Member and the additional Member to be admitted.

ARTICLE VII

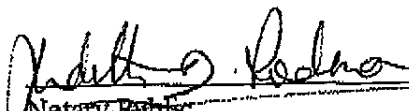
The remaining Members of the Limited Liability Company have the right to continue the business of the Limited Liability Company upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Limited Liability Company.

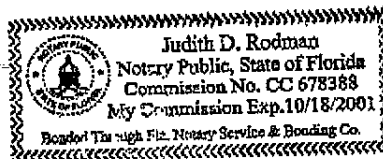

Mariana C. Blanco,
as Authorized Representative of the Member

STATE OF FLORIDA)
)
COUNTY OF MIAMI-DADE)

Before me personally appeared Mariana C. Blanco, as Authorized Representative of the Member, ☒ who is personally known to me, or ☐ who produced _____ as identification, to be the person who executed the foregoing Articles of Organization.

In witness whereof I have hereunto set my hand and official seal this 30 day of August, 2000.


Notary Public
Print Name: JUDITH D. RODMAN
My Commission expires: 10/18/2001



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**CERTIFICATE OF DESIGNATION
OF RESIDENT AGENT AND
ACCEPTANCE OF DESIGNATION**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

1. The name of the limited liability company is SSA SERVICES I, LLC.
2. The name and address of the Registered Agent and Office is:

Mariana C. Blanco, Esq.
100 S.E. 2nd Street, 18th Floor
Miami, Florida 33131

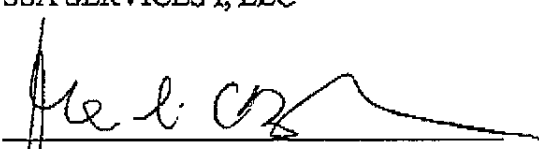
Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the Certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all Statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as Registered Agent.



Mariana C. Blanco, Registered Agent

Date: 8-30-08

SSA SERVICES I, LLC



Mariana C. Blanco,
as Authorized Representative of
the Member

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