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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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, (Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	LC

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HLW:

TRANSMITTAL LETTER

TO: Registration Section Division of Corporation			
SUBJECT: S&S Corpor	ration, LLC (Name of Limited	Liability Company)	·
The enclosed Articles of C	rganization and fee(s) are su	bmitted for filing,	
Please return all correspon	dence concerning this matter	to the following:	
		en P. Strickland (ame of Person)	
	· (F	Firm/Company)	
	1019	3 Pointview Court	
-		(Address)	
		ando, FL 32836 State and Zip Code)	
	(City)	State and Zip Code)	
For further information co	ncerning this matter, please of	eall:	
Cynthia Hunter, Certified (Name of		at (407 363-9236	elephone Number)
Enclosed is a check for	the following amount:		
		☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registra Division 409 E. C	T ADDRESS: tion Section of Corporations taines Street see, Florida 32399	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 18, 2005

STEVEN P. STRICKLAND 10193 POINTVIEW COURT ORLANDO, FL 32836

SUBJECT: S&S CORPORATION, LLC - Shureline Anvertners

Ref. Number: W05000002638

We have received your document for S&S CORPORATION, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORPORATION." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return 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) 245-6967.

Letter Number: 705A00003228

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

A

RTICLES OF ORGANIZATION FOR FI	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	,
Shoreline Investment	5, LC
ARTICLE II - Address: The mailing address and street address of the particle.	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10193 Pointview Court	Same
Orlando, FL 32836	
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the Steven P. Strice	registered agent are:
Name	
10193 Pointvie	w Court
Florida street ad	dress (P.O. Box <u>NOT</u> acceptable)
Orlando, City, State,	<u>FL</u> 32836 and Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete per	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S
Registered Agent	
(CONTIN	<u> </u>
Page Lat	Λ

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGR	Steven P. Strickland	
	10193 Pointview Court	
	Orlando, FL 32836	
MGRM	Sherry L. Strickland	
	10193 Pointview Court	
	Orlando, FL 32836	
(Use attachment if necessary)		
NOTE: An additional article mus	st be added if an effective date is requested.	
REQUIRED SIGNATURE:		
	0 14	
Signature of a meml	ber or an authorized representative of a member.	
(In accordance with s	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury	

Steven P. Strickland

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)