

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JAN 25 PM 3:49

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SSS HOLDINGS, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Philip N. Kabler, Esq.

Name of Person

Bogin, Munns & Munns, P.A.

Firm/Company

2700 NW 43rd Street, Suite C

Address

Gainesville / Florida 32606

City/State and Zip Code

sid@timcoengr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philip N. Kabler, Esq.

at (

352

332-7688

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: SSS HOLDINGS, LLC

SECOND: The Florida Document Number of the limited liability company is: L05000070166

THIRD: The street address of the limited liability company's principal office is:

849 NW SR 45

Newberry, Florida 32669

The mailing address of the limited liability company's principal office is:

PO Box 370

Newberry, Florida 32669

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

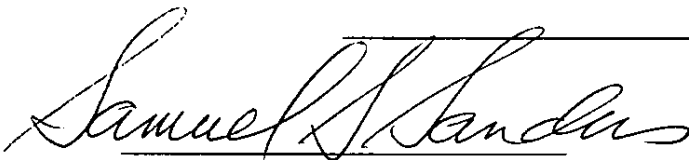
a. Granted to: Samuel S. Sanders

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Samuel S. Sanders

b. No authority granted to: _____



Signature of authorized representative

Samuel S. Sanders

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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