

L0500012, 794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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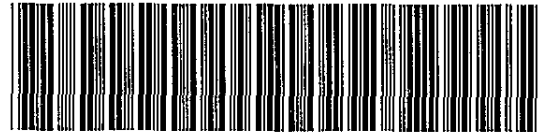
(Business Entity Name)

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2005 DEC 21 PM 3:53

EFFECTIVE DATE

01-01-06

*Law Offices*

**SCOTT DAVID KRUEGER, CHARTERED**

*A Professional Corporation*

MERIDIEN CENTRE  
2750 NORTHWEST 43RD STREET, SUITE 201  
POST OFFICE BOX 357099  
GAINESVILLE, FLORIDA 32635

GAINESVILLE (352) 376-3090  
OCALA (352) 732-4405  
FACSIMILE (352) 377-1580

December 19, 2005

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Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Via FedEx 2<sup>nd</sup> day delivery

Re: Social Security Disability Associates, L.L.C.

To whom it may concern:

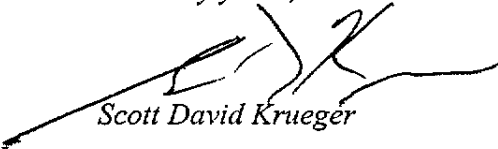
Enclosed please find an original and one copy of the Articles of Organization for the above named company, as well as a certificate designating Registered Agent/Registered Office, together with our check in the amount of \$125.00 to cover the following costs:

Filing Fee	\$ 100.00
Registered Agent	
Designation Fee	<u>25.00</u>
Total	<u>\$125.00</u>

Your prompt response in return of a confirmation of the filing is appreciated.

Thank you for your assistance in this matter.

Sincerely yours,

  
Scott David Krueger

enclosures

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**ARTICLES OF ORGANIZATION OF  
SOCIAL SECURITY DISABILITY ASSOCIATES, L.L.C.**

The undersigned adopt the following Articles of Organization for the purpose of becoming a limited liability company under the Florida Limited Liability Company Act:

**ARTICLE I**

**Name**

The name of the limited liability company, referred to in these Articles as "company," is **Social Security Disability Associates, L.L.C.** and is effective as of **January 1, 2006**.

**ARTICLE II**

**Purpose**

The purpose for which Company is organized is to transact any or all lawful business for which limited liability companies may be organized under the Florida Limited Liability Company Act.

**ARTICLE III**

**Principal Address**

The address of company's principal place of business and mailing address in Florida is 115 Northeast 6th Avenue, Gainesville, Florida 32601.

**ARTICLE IV**

**Registered Agent and office**

The name of Company's initial registered agent in Florida is Scott David Krueger. The address of Company's registered office in Florida is 2750 Northwest 43<sup>rd</sup> Street, Suite 201, Gainesville, Florida 32606.

**EFFECTIVE DATE**

**01-01-06**

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IN WITNESS WHEREOF, for the purpose of forming this limited liability company in accordance with the Florida Limited Liability Company Act, the undersigned has executed these Articles of Organization as an authorized representative of a member of the company on this 19<sup>th</sup> day of December, 2005, at Gainesville, Florida:

  
\_\_\_\_\_  
Scott David Krueger

STATE OF FLORIDA  
COUNTY OF ALACHUA

Subscribed and acknowledged before me by **Scott David Krueger**, as an authorized representative of a member of the company, on this 19 day of December, 2005. **Scott David Krueger** is personally known to me (yes ☒ no ☐) or has produced \_\_\_\_\_ as identification.



JAMAICA M. HUDNALL  
MY COMMISSION # DD 274496  
EXPIRES: June 17, 2007  
Bonded Thru Budget Notary Services

  
\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

Printed Name of Notary: Jamaica M. Hudnall

My Commissions Expires:

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CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT AND REGISTERED OFFICE

In pursuance to the provisions of Chapter 608 of the Florida Statutes, the following is submitted in designating the registered agent and registered office in the state of Florida.

That "**Social Security Disability Associates, L.L.C.**", desiring to organize under the laws of the State of Florida, has named the following, who is located at the address indicated, as its agent to accept service of process within this state:

SCOTT DAVID KRUEGER  
2750 NORTHWEST 43RD STREET, SUITE 201  
GAINESVILLE, FLORIDA 32606

ACKNOWLEDGMENT

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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.

  
\_\_\_\_\_  
Scott David Krueger

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