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(Re	equestor's Name)	•
(Ac	ldress)	
(Ad	ldress)	,
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
(
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		

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NAME THE SOLUTION OF CONFORMATION OF CONFORMAT



COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: SSH CO	ONSTRUCTION LLC			
	(Name of Limited	d Liability Company)		
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.		
Please return all correspondent	ondence concerning this matte	r to the following:		
SHMUEL F	AIMOVITCH			
	(1	Name of Person)		
SSH CONS	STRUCTION LLC			
	(Firm/Company)		
12453 NW	10TH PLACE			
		(Address)		
SUNRISE	, FL 33323			
	(City	/State and Zip Code)		
For further information	concerning this matter, please	call:		
		054 054 440		
SHMUEL HAIMC	of Person)	at (954) 851-119 (Area Code & Daytime T		
Ç	,	•	• ,	
Enclosed is a check for	or the following amount:		2	Ō
▼ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing For Certificate of Status Certified Copy (additional copy is enclosed)	SECRETARY VISION OF CO
	Mailing Address Registration Section Division of Corporations	Street/Courier Addre Registration Section Division of Cornoration		D OF STATE RPORATIO

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ted Liability Company	is:		
SSH CONSTRUCTIO			-	
(Must end with the words "Li	imited Liability Company, "Lin	mited Company" or their abbreviation "LLC," or "L.C.,"	")	
ARTICLE II - Address a		principal office of the Limited Liability C	Company	is:
Principal Office Add	ress:	Mailing Address:		
12453 NW 10TH PLACE		12453 NW 10TH PLACE		
SUNRISE, FL 33323		SUNRISE, FL 33323	_	
		·	_	
(The Limited Liability Comp business entity with an activ The name and the Flo	rida street address of th	red Office, & Registered Agent's Signat egistered Agent. You must designate an individual or and the registered agent are:	other	DIVID
	HMUEL HAIMOVITCH			C11.
. <u>S</u> I	Na		Ę	SE
	Na		JUN 30	SION OF C
	2453 NW 10TH PLACE	<u> </u>	2006 JUN 30 PI	SION OF CORP
12	2453 NW 10TH PLACE Florida street	address (P.O. Box <u>NOT</u> acceptable)	2	SION OF CORPORA
12	2453 NW 10TH PLACE Florida street JNRISE, FL 33323	<u> </u>		SION OF CORPORATIONS

(CONTINUED)
Page 1 of 2

EFFECHIE UNIE

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

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

<u>Title:</u> "MGR" = Mar "MGRM" = M	nager Ianaging Member	Name and Address:		
MGR	anaging Member	SHMUEL HAIMOVITCH		
		12453 NW 10TH PLACE SUNRISE, FL 33323	_ 	
			_	
<u> </u>		age and the state of the state		
			_	
			<u> </u>	
(Use attachme	nt if necessary)			
effective date is 90 days after the		late of filing:06/26/06 . (OPT specific and cannot be more than five busines	ΓΙΟΝΑL ess days	
	MW	(L)		
	-	or an authorized representative of a member.	2006 J	
	(In accordance with secti	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury	2006 JUN 30	;
	(In accordance with section of this document constituent that the facts stated here.) SHMUEL HAIMOVITC	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.)	2006 JUN 30 PM 2:	1

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)