

LD6000104404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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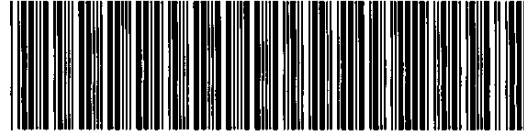
(Business Entity Name)

(Document Number)

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FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

(City, State, Zip)

1106  
385-6735

(Phone #)

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TALLAHASSEE, FLORIDA

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. SST Leasing, LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION**  
**OF**  
**SST LEASING, LLC**

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06 OCT 26 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I: NAME**

The name of this limited liability company is **SST LEASING, LLC**. (hereinafter "Company"), whose mailing address and street address of the principal office of the limited liability company is 1013 Hillsboro Mile, Hillsboro Beach, FL 33062.

**ARTICLE II: DURATION**

This limited liability company shall remain in existence perpetually; and the effective date of commencement is hereby designated as the date of filing of these Articles.

**ARTICLE III: PURPOSE**

This limited liability company is organized to transact any lawful business for limited liability companies organized under Chapter 608 of the Florida Statutes "Limited Liability Companies"; and to carry on any business activity which can be advantageously pursued in conjunction with or incidental thereto.

**ARTICLE IV: MEMBERS' OWNERSHIP AND MANAGEMENT**

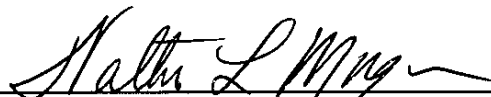
The Company is a manager-managed company. The Manager of the Company

is S. Sandy Satullo, II, whose mailing address is 1013 Hillsboro Mile, Hillsboro Beach, FL 33062.

#### ARTICLE V: INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this limited liability company is **633 S. Federal Highway, Suite 400A, Fort Lauderdale, FL 33301**, and the name of the initial registered agent of this limited company is **Walter L. Morgan, Esq.**

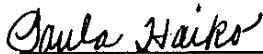
IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization this 23<sup>rd</sup> day October, 2006.

  
\_\_\_\_\_  
Walter L. Morgan, Authorized Representative  
For S. Sandy Satullo, II, Manager

STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 23<sup>rd</sup> day of October, 2006, by Walter L. Morgan, Authorized Representative for S. Sandy Satullo, II, Manager (✓) who is personally known to me or ( ) who produced a driver's license as identification and who did not take an oath.



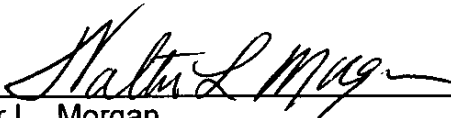
\_\_\_\_\_  
Notary Public, State of Florida  
My Commission Expires:

 **Paula Haiko**  
Commission # DD424441  
Expires August 16, 2009  
Bonded Troy Fain - Insurance, Inc. 800-385-7019

## REGISTERED AGENT CERTIFICATE

In pursuance of Chapters 48.091 and 607.415 and 608.416, Florida Statutes, the following is submitted:

**SST LEASING, LLC.** desiring to organize or qualify under the laws of the State of Florida, with its principal place of business in the City of Hillsboro Beach, State of Florida, has named **Walter L. Morgan** as its agent to accept service of process within the State of Florida.

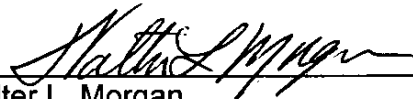


Walter L. Morgan

Title: Authorized Representative for S. Sandy  
Satullo, II, Manager

Date: October 23, 2006

Having been named to accept service of process for the above stated limited liability company at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. The undersigned is familiar with, and accepts, the obligations of this position.



Walter L. Morgan

October 23, 2006