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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
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Certified Copies	_ Certificates of	Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
AND ASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration S Division of Co			·		
SUBJECT: SSM V	ehicles, LLC				
		d Liability Company)			
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.			
Please return all corresp	condence concerning this matte	er to the following:			
Kyle Schm	utzler				
	(Name of Person)			
OB Compa	anies				
		Firm/Company)		,	
7932 Wes	t Sand Lake Road,	Suite 108			
<u></u>		(Address)			
Orlando, I	FL 32819				
		/State and Zip Code)		•	
For further information	concerning this matter, please	call:	SECT	06 DEC -8 PH 12: 04	_
Debra Hanley		at (407) 583-655	50 至前	8	E
	e of Person)	(Area Code & Daytime T		2 2	Ö
Enclosed is a check for	or the following amount:	•	FL OF	12: 01	
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	,m	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SSM Vehicles, LLC					
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")					
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:				
7932 Sand Lake Road, Suite 108	7932 Sand Lake Road, Suite 108				
Orlando, FL 32819	Orlando, FL 32819				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Kyle Schmutzler Name 7932 West Sand Lake Road, Suite 108					
Kyle Schmutzler					
Name To					
7932 West Sand Lake Road, Suite 108					
Florida street address (P.O. Box NOT acceptable)					
Orlando	FL 32819				
City, State, and Zip					
liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formande of my duties, and I am familiar with and tred agent hs provided for in Chapter 608, F.S				

(CONTINUED) Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR Kurt O'Brien 7932 West Sand Lake Road, Suite 108 Orlando, FL 32819 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Kurt O'Brien, Manager of SSM Vehicles, LLC Typed or printed name of signee

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)