

L07000108421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

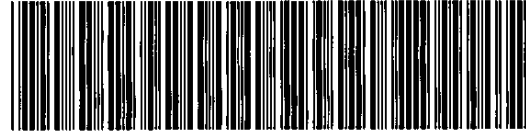
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10/26/07--01001--019 **155.00

RECEIVED
07 OCT 25 PM 4:05
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

FILED
07 OCT 25 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
07 OCT 25 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT: TRACY SPEAR

DATE: 10-25-07

REF. #: 000150.76410

CORP. NAME: S.S. ISLAND HOLDINGS, LLC

- | | | |
|------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 523401 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|----------------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
S.S. ISLAND HOLDINGS, LLC**

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TALLAHASSEE, FLORIDA

ARTICLE I - Name

The name of the Limited Liability Company is S.S. ISLAND HOLDINGS, LLC (the "Company").

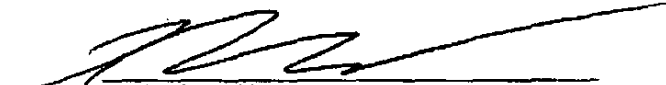
ARTICLE II - Address

The mailing address and street address of the principal office of the Company is 164 Seminole Avenue, Palm Beach, Florida 33480.

ARTICLE III - Registered Agent and Office


The street address of the Corporation's initial registered office is 164 Seminole Avenue, Palm Beach, Florida 33480 and the name of its initial registered agent at such office is TJ Fisher.

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.
Dated this 25th day of October, 2007.


Authorized Signor

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

The undersigned, having been named the Registered Agent of the Company hereby accepts such designation and is familiar with, and accepts, the obligations of such position, as provided in Florida Statutes §607.0505.


TJ Fisher
Dated: October 25, 2007