L10000117935

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(Requestor's Name)

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(Address)

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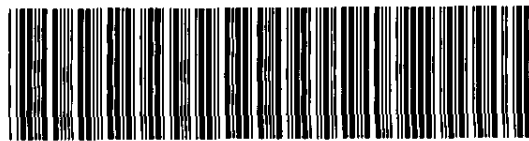(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

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EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SSLR Building, LLC

____	Art of Inc. File_____
____	LTD Partnership File_____
____	Foreign Corp. File_____
✓	L.C. File_____
____	Fictitious Name File_____
____	Trade/Service Mark_____
____	Merger File_____
____	Art. of Amend. File_____
____	RA Resignation_____
____	Dissolution / Withdrawal_____
____	Annual Report / Reinstatement_____
____	Cert. Copy_____
✓	Photo Copy_____
____	Certificate of Good Standing_____
____	Certificate of Status_____
____	Certificate of Fictitious Name_____
____	Corp Record Search_____
____	Officer Search_____
____	Fictitious Search_____
____	Fictitious Owner Search_____
____	Vehicle Search_____
____	Driving Record_____
____	UCC 1 or 3 File_____
____	UCC 11 Search_____
____	UCC 11 Retrieval_____
____	Courier_____

Signature _____

Requested by: SETH   11/12/10   _____

Name   Date   Time

Walk-In _____   Will Pick Up _____

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

SSLR Building, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
8270-201 College Parkway	same
Ft. Myers, FL 33919	

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:

Harold S. Eskin, Esq.

Name

1420 SE 47th St.

Florida street address (P.O. Box **NOT** acceptable)

Cape Coral,   FL 33904

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	

mgrm
Robert & Reina Schlager
8270-201 COLLEGE PARKWAY
FT. MYERS, FL 33919

mgrm
Michael & Lynda Rubenstein
SAME

mgrm
Kenneth Levin
SAME

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ . (OPTIONAL)
(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.)

REQUIRED SIGNATURE:

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

HaRold S. Eskin

Typed or printed name of signee

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)