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FLORIDA LIMITED LIABILITY CO.

SS Holloman Capital, LLC

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Electronic Filing Menu

Corporate Filing Menu

EXAMINER

FAX AUDIT # 4/1000003583

ARTICLES OF ORGANIZATION OF SS Holloman Capital, LLC

ARTICLE I

NAME

The name of the limited liability company shall be: SS Holloman Capital, LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 445 South 12th St Unit 1402, Tampa, Florida 33602.

ARTICLE III . INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Stephen Shane Holloman, 445 South 12th St Unit 1402, Tampa, Florida 33602. Located in the County of Hillsborough.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Stephen Shane Holloman, 445 South 12th St Unit 1402, Tampa, Florida 33602

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

Date: December 21, 2010

608-827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: SS Holloman Capital, LLC

The name and address of the registered agent and office is Stephen Shane Holloman, 445 South 12th St Unit 1402, Tampa, Florida 33602. Located in the County of Hillsborough.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

Stephen Shane Holloman

Date: 12/27/200

FAX AUDIT # # 110000003583