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COVER LETTER

Registration Section
Division of Corporations

TO:

etin ipet.	H	SSI, LLC	
SUBJECT:		ed Liability Company	
			le.
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	/ *
Please return all corresp	condence concerning this mat	ter to the following:	
	Da	wn Montemayor	
		Name of Person	
		HSSI, LLC	
		Firm/Company	\$\tau_{\text{c}} \ \mathre{\min}}}}}}} \endotomidog \appira\mathre{\mathre{\mathre{\mathre{\mathre{\mathre{\mathre{\mathre{\matrice{\mathre{\mathre{\mathre{\mathre{\mathre{\mathre{\mathre{\mathre{\mathre{\mathre{\math
	830-	13 A1A North, #332	ECR.
		Address	AAA
	Dont	e Vedra, FL 32082	-7 SSE SSE
		y/State and Zip Code	<u> </u>
		ontemayor@yahoo.com	LO ST
	E-mail address: (to be used	for future annual report notification)	8 m
For further information	concerning this matter, please	e call:	> • • • • • • • • • • • • • • • • • • •
	Montemayor	at (321)946-170	<u> </u>
Name	of Person	Area Code & Daytime Telephon	e Number
Enclosed is a check f	or the following amount:		
□\$125.00 Filing Fee	23\$130.00 Filing Fee & Certificate of Status	Certified Copy Conditional copy is enclosed) Conditional copy is enclosed)	60.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ф е

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:	
	HSSI, LLC	·
(Must end with the w	ords "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
830-13 A1A North, #332	830-13 A1A North, #332	 -
Ponte Vedra, FL 32082	Portte Vedra, FL 32082	
(The Limited Liability Company cannot se business entity with an active Florida regi	ent, Registered Office, & Registered Agent's rve as its own Registered Agent. You must designate an individ istration.) address of the registered agent are: Michael Manocchia Name 830-13 A1A North, #332 Florida street address (P.O. Box NOT acceptable)	TIND AND LESSEE FLORID
	Ponte Vedra Ri 32082	
	City, State, and Zip	
liability company at the place registered agent and agree to ac statutes relating to the proper accept the obligations of my	ed agent and to accept service of process for the act designated in this certificate, I hereby accept the cit in this capacity. I further agree to comply with and complete performance of my duties, and I am position as registered agent as provided for in Cl	e appointment as the provisions of all I familiar with and

(CONTINUED)

Page 1 of 2

MGR" = Manager 'MGRM" = Managing Member Managing Member . President Dawn Montemayor 830-13 A1A North, #332 Ponte Vedra, FL 32082 Vice President Michael Manocchia 830-13 A1A North, #332 Ponte Vedra, FL 32082	SSEE, FLORIDA
Dawn Montemayor 830-13 A1A North, #332 Ponte Vedra, FL 32082 Vice President Michael Manocchia 830-13 A1A North, #332	SEE. FLORIDA
830-13 A1A North, #332 Ponte Vedra, FL 32082 Vice President Michael Manocchia 830-13 A1A North, #332	ROT
Vice President Michael Manocchia 830-13 A1A North, #332	TO TO
Vice President Michael Manocchia 830-13 A1A North, #332	<u></u>
830-13 A1A North, #332	
Ponte Vedra, FL 32082	
Treasurer Robin Manocchia	
830-13 A1A North, #332	
Ponte Vedra, FL 32082	
	
	(OPTIO
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LE V: Effective date, if other than the date of filing: lective date is listed, the date must be specific and cannot be more days after the date of filing.) REOUIRED SIGNATURE:	
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REQUIRED SIGNATURE: Signature of a member or an authorized representative	re than five business
ective date is listed, the date must be specific and cannot be more days after the date of filing.) REOURED SIGNATURE:	re than five business re of a member. the execution
REOUIRED SIGNATURE: Signature of a member or an authorized representative of this document constitutes an affirmation under the penthal that the facts stated herein are true.)	re than five business re of a member. the execution
REOURED SIGNATURE: Signature of a member or an authorized representative of this document constitutes an affirmation under the pen	re than five business re of a member. the execution
REOUIRED SIGNATURE: Signature of a member or an authorized representative (In accordance with section 608.408(3), Florida Statutes, of this document constitutes an affirmation under the penthat the facts stated herein are true.) Dawn Montemayor	re than five business re of a member. the execution