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EXAMINER



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TO ACKNOWLEDGE

DEPARTMENT OF SIME

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SECRETARY OF STATE
ALLAHASSEE, FI OBJECT

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: Southern Strategy Grou	p Assets II, LLC
	Liability Company
The enclosed Articles of Organization and fee(s) are su	abmitted for filing.
Please return all correspondence concerning this matter	r to the following:
Susan Edwards	
1	Name of Person
United States Strategy Gro	up Support Services
	Firm/Company
P.O. Box 10570	
	Address
Tallahassee, FL 32302	
	State and Zip Code
edwards@usstrategy.com	future annual report notification)
For further information concerning this matter, please of	
Adria Cavany	at (850) 222-0821, option 1
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	\$155.00 Filing Fee & \$160.00 Filing Fee,
Certificate of Status	Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Southern Strategy Group Assets II, 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:	Maining Address:
123 South Adams Street	P.O. Box 10570 Tallahassee, FL 32302
Tallahassee, FL 32301	Tallariassee, FL 32302

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:

Paul Bradshaw

Name

123 South Adams Street

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

Tallahassee

FL 32301

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)

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

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

"MGRM" = Managing Men	ıber
MGRM	Christopher Dudley
	3864 West Millers Bridge Road
	Tallahassee, FL 32312
(Use attachment if necessary	/)
V E V. 1200	- A - A - A CSU (OPTIONA
LE V: Effective date, if other	r than the date of filing: (OPTIONA te must be specific and cannot be more than five business day
days after the date of filing	
any o arou- arou and or arrang	,
REQUIRED SIGNATURI	7.

(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.)

Christopher Dudley

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)