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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: South Shore Asset Management, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ecknart Richter			
-	Name of	Person	
	Firm/Cor	npany	
5 Park Overlook	Court		
	Addre	ess	
Bethesda, MD 2	0817		
	City/State and	l Zip Code	
ettaroo@gmail.com			
E-mail address	: (to be used fo	r future annual report	notification)
For further information concerning this matter, p	olease call:		
Eckhart Richter	646	322-8320)
Name of Person	Area Code	Daytime Telepho	
Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	Certific	O Filing Fee & [\$160.00 Filing Fee, Certificate of Status &
	(additiona	l copy is enclosed)	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: South Shore Asset Management, LLC		
	Limited Liability Company, "L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street address of the principle.		
Principal Office Address:	Mailing Address:	
2884 Alex McKay Place	5 Park Overlook Court	_
Sarasota, FL 34240	Bethesda, MD 20817	r-a
		
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as it another business entity with an active Florida registered The name and the Florida street address of the reg	its own Registered Agent. You must designate an indivistration.)	idual or
Prasad Yalamanchili		. 2
	Name	***
2884 Alex McKay Place	2 () W ()	`
	O. Box NOT acceptable)	
Sarasota	FL 34240	
City	Zip	
the place designated in this certificate, I hereby capacity. I further agree to comply with the prov	rcept service of process for the above stated limited liably accept the appointment as registered agent and agree visions of all statutes relating to the proper and complet the obligations of my position as registered agent as part of Chapter 605, F.S	to act in this te performance

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Prasad Yalamanchili
	2884 Alex McKay Place
	Sarasota, FL 34240
AMBR	Eckhart Richter
	5 Park Overlook Court
	Bethesda, MD 20817
	e of filing: 2/1/2014 (OPTIONAL) pecific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date	
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.)	
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