

L15000070575

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000098943 3)))



H150000989433ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : BAND LAW GROUP, PL.
Account Number : I20090000020
Phone : (941) 917-0505
Fax Number : (941) 917-0506

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please**

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

State Street Partners (SRQ), LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

T. Burch APR 22 2015

((H15000098943 3)))

**ARTICLES OF ORGANIZATION
OF
STATE STREET PARTNERS (SRQ), LLC**

Under Chapter 605, Florida Statutes
(The Florida Limited Liability Company Act)

FILED
15 APR 22 PM 4: 58
CLERK OF STATE
TALLAHASSEE, FLORIDA

The undersigned, being the authorized representative or member of the limited liability company, hereby certifies that:

ARTICLE I - NAME

The name of the limited liability company shall be **STATE STREET PARTNERS (SRQ), LLC** (the "Company").

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Company is:

Mailing Address:

555 S. Osprey Avenue
Sarasota, FL 34236

Street Address:

555 S. Osprey Avenue
Sarasota, FL 34236

ARTICLE III - REGISTERED AGENT

The name and street address of the Company's initial registered agent for service of process in the State of Florida shall be: Gary Kauffman, Esq., c/o Band Law Group, P.L., 1 South School Avenue, Suite 500, Sarasota, FL 34237.

ARTICLE IV - MANAGEMENT

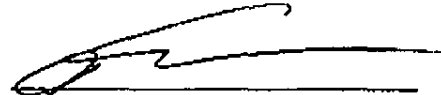
The Company shall be managed by one or more managers.

IN WITNESS WHEREOF, I have signed these Articles of Organization on April 21, 2015, as an authorized representative of the Company or a member thereof, and I affirm, under

((H15000098943 3)))

((H15000098943 3)))

the penalties of perjury, that the facts stated herein are true.


Gary Kauffman, Organizer
(an authorized representative
of the limited liability company)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE:**

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 605, F.S.

Registered Agent:


Gary Kauffman

FILED
15 APR 22 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA