L19 0000 93074

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT .	MAIL
(Ві	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
	•	
	Office Use Only	-



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MAY 28 2015 J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SSBB Designs, 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:

Shann	on D	ARNER		
		Name of Person	,	
		Γ:/C		
		Firm/Company		
3783 E) Ngin	Church	Road	West
		Address		
1				
Jackson	Juille,	17 3	52224	
Shannon.	darne	rocom	castine	<u>-</u> +-
	=	or future annual reno		

For further information concerning this matter, please call:

Shanon Dakwer 904 728-8073

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee & Certificate of Status

\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED I JARII JTY COMPANY

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:				
The mailing address and street add	lress of the principal office o	f the Limited Liabilit	ty Company is:	
<u>Principal</u>	Office Address:		Mailing Address:	
	signs, L2C	2		_
Jecksonup	Re A 3222	PaV		-
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an act	annot serve as its own Regist			
The name and the Florida street ad	dress of the registered agent	are:		
	~ 1	Dia	n	
	<u> </u>	Larne	<u></u>	
			1 10	
			th Rd W	
	Florida street address (P.O.	Box NOT acceptab	le)	
	Jacksonvi	le Fz	32224	
	City	State	Zip	
Having been named as registered ag place designated in this certificate, I further agree to comply with the prov am familiar with and accept the oblig	hereby accept the appointme visions of all statutes relating	nt as registered agent to the proper and cor	and agree to act in this capacit nplete performance of my duties	v. I

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Brian Scott Darner 3783 Biggin Church Pd Jackson VMC & 32224
EV: Effective date, if other than the date is listed, the date must be	nte of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 day
EV: Effective date, if other than the date date is listed, the date must be of filing.) The date inserted in this block does no ment's effective date on the Departme	specific and cannot be more than five business days prior to or 90 days to meet the applicable statutory filing requirements, this date will not be not of State's records.
of filing.) The date inserted in this block does not ment's effective date on the Departme E VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 days to meet the applicable statutory filing requirements, this date will not be not of State's records.
EV: Effective date, if other than the date date is listed, the date must be of filing.) The date inserted in this block does no ment's effective date on the Departme EVI: Other provisions, if any. Signature of a file (In accordance with seconstitutes an affirmat I am aware that any factors.)	t meet the applicable statutory filing requirements, this date will not be not of State's records. member or an authorized representative of a member. Section 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Ise information submitted in a document to the Department of State rece felony as provided for in s.817.155, F.S.)