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DIVISION OF CORPERATION

× 07/14/15

## **COVER LETTER**

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	istration Section ision of Corporations						
SUBJECT:	RIDGELAKE SS, LLC						
Sobster.	Name of	Limited Liability Company					
The enclosed	l Articles of Organization and fee(s	are submitted for filing.					
Please return	all correspondence concerning this	s matter to the following:					
×.	PEGGY COX						
-	Name of Person  FRED M. STARLING, INC.						
_	Firm/Company						
	5969 CATTLERIDGE BLVD., SUITE 200						
_	Address						
	SARASOTA, FLORIDA 34	232					
	PC@STARLING-GROUP.COM	City/State and Zip Code					
	E-mail address: (to be u	sed for future annual report notification)					
For further inf	ormation concerning this matter, pl	ease call:					
	PEGGY COX	941 378-3811, Ext 106					
_	Name of Person	Area Code Daytime Telephone Number					
Enclosed is a	check for the following amount:						
\$125.00 Fili	ng Fee \$130.00 Filing Fee & Certificate of Status	<del>"</del>   <b>  ∀  </b>   -					
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301					

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end	S, LLC			
	with the words "Limited 1	∟iability Company, "I	L.L.C.," or "LLC.")	
RTICLE II - Address: he mailing address and street a	ddress of the principal off	ice of the Limited Lia	ability Company is:	
<u>Principal Office Address:</u> 5969 CATTLERIDGE BLVD, SUITE 200			<u>Mailing Address:</u> 5969 CATTLERIDGE BLVD, SUITE 200	
SARASOTA, FLO	NRIDA 34232	SARA	SARASOTA, FLORIDA 34232	
	FRED M. STARL	Name		
	5969 CATTLERII	OGE BLVD., SUITE	200	
		(P.O. Box NOT acce		
	r ioriaa street agaress			
	SARASOTA	FLORIDA	34232	
	SARASOTA City	State	Zip	
ice designated in this certificate,	SARASOTA  City  agent and to accept service , I hereby accept the appoint of all statutes relatives.	State e of process for the ab intment as registered c ating to the proper an	age d e	34232 Zip  re stated limited liability company ent and agree to act in this capac complete performance of my duti

(CONTINUED)

Page 1 of 2

DIVISION OF CONTENTION

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	FRED M. STARLING 5969 CATTLERIDGE BLVD., SUITE 200 SARASOTA, FLORIDA 34232
(Use attachment if necessary)	
the date of filing.)  Note: If the date inserted in this block does not meet the the document's effective date on the Department of State  ARTICLE VI: Other provisions, if any.	nd cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as e's records.
REQUIRED SIGNATURE:	5/5
This document is executed in a I am aware that any false inform	or an authorized representative of a member. eccordance with section 605.0203 (1) (b), Florida Statutes. nation submitted in a document to the Department of State v as provided for in s.817.155, F.S.
	RED M. STARLING and or printed name of signee

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-

Page 2 of 2

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)