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SECRETARY OF STATE TALL NHASSEE, FLORIDA

8/25



COVÉR LETTER

	egistration Section ivision of Corporations
SUBJECT	S&S Mantenimiento y Servicio LLC
SOBJECT	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Nelson Olivares
	Name of Person
	S&S Mantenimiento y Servicio LLC
	Firm/Company
	9955 Westview Drive #216
	Address
	Coral Springs, FL 33076
1	City/State and Zip Code nelsonolivares5@hotmail.com
_	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	Nelson Olivares 954 842-6879 at (
,	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	
	Malling AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

S&S Mantenimiento y Servicio LLC		
(Must end with the words "Lir	mited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the princip	pal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
9955 Westview Drive #216	9955 Westview Drive #216	
Coral Springs, FL 33076	Coral Springs, FL 33076	
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regist The name and the Florida street address of the regis	own Registered Agent. You must designate an individual or tration.)	15 AUG
The Limited Liability Company cannot serve as its another business entity with an active Florida regist	own Registered Agent. You must designate an individual or tration.)	15 AUG 19
The Limited Liability Company cannot serve as its another business entity with an active Florida regist. The name and the Florida street address of the register.	own Registered Agent. You must designate an individual or tration.)	AUG 19
The Limited Liability Company cannot serve as its another business entity with an active Florida regist. The name and the Florida street address of the register.	own Registered Agent. You must designate an individual or tration.) stered agent are: Name	AUG 19
The Limited Liability Company cannot serve as its another business entity with an active Florida regist. The name and the Florida street address of the regist. Nelson Olivares. 9955 Westview	own Registered Agent. You must designate an individual or tration.) stered agent are: Name	AUG 19
The Limited Liability Company cannot serve as its another business entity with an active Florida regist. The name and the Florida street address of the regist. Nelson Olivares. 9955 Westview	own Registered Agent. You must designate an individual or tration.) stered agent are: Name Drive #216 idress (P.O. Box NOT acceptable)	AUG 1

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's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

AMBK = At	Name and Address: uthorized Member
"MGR" = Mar	
MGR	Nelson Olivares
	9955 Westview Drive #216
	Coral Springs, FL 33076
EV: Effective ective date is li	nt if necessary) date, if other than the date of filing: 08/14/2015 (OPTIONAL isted, the date must be specific and cannot be more than five business days prior to
LEV: Effective fective date is ling of filing.) If the date inserted	date, if other than the date of filing: 08/14/2015 . (OPTIONAL
LE V: Effective fective date is li of filling.) f the date inserte ment's effective	ed date, if other than the date of filing: 08/14/2015 (OPTIONAL isted, the date must be specific and cannot be more than five business days prior to ed in this block does not meet the applicable statutory filing requirements, this date we date on the Department of State's records.
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EV: Effective ective date is li- of filing.) the date inserte ment's effective EVI: Other pro-	date, if other than the date of filing: 08/14/2015 (OPTIONAL isted, the date must be specific and cannot be more than five business days prior to ed in this block does not meet the applicable statutory filing requirements, this date we date on the Department of State's records. Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida State I am aware that any false information submitted in a document to the Department of constitutes a third degree felony as provided for in s.817.155, F.S.

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

Page 2 of 2

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)