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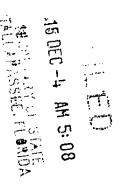
(Re	equestor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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EFFECTIVE DATE

DEC 1 4 2015 S. GILBERT

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJEC	S & S Manufactured Home Servic	es, LLC	
SUBJEC		Limited Liabili	ty Company
The encl	osed Articles of Organization and fee(s) are submitted	for filing.
Please re	eturn all correspondence concerning this	matter to the fe	ollowing:
	Shirley Garlo		
	 	Name of	Person
	S & S Manufactured Home Services	s, LLC	
		Firm/Cor	npany
	19327 NW 51st Ave		
		Addre	ess
	Starke, FL 32091		
	shirley.ssmhsllc@gmail.com	City/State and	I Zip Code
	E-mail address: (to be us	sed for future a	nnual report notification)
For further	r information concerning this matter, ple	ease call:	
	Shirley Garlo	904	769-6718
	Name of Person	\	Daytime Telephone Number
Enclosed	I is a check for the following amount:		
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & \$160.00 Filing Fee, cd Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	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

ARTICLE I - Name: The name of the Limited Liability	Company is:			· · · · · · · · · · · · · · · · · · ·	ED
S & S Manufactured F	Iome Services LLC			15 DEC	A44
(Must end w	ith the words "Limited	Liability Cor	npany, "L.L.C.," or "LL	C. MEUR.	STATE
ARTICLE II - Address: The mailing address and street add					~, c r ∎viñV
<u>Principal</u>	Office Address:		<u>Mailin</u>	g Address:	
19327 NW 51st Ave			19327 NW 51st Ave		
Starke, FL 32091			Starke, FL 32091		
The name and the Florida street ac	Shirley Garlo	Name			
	19327 NW 51st Ave				
	Florida street address	s (P.O. Box N	OT acceptable)		
	Starke, FL 32091				
	City	State	Zip		
Having been named as registered ag place designated in this certificate, I urther agree to comply with the pro im familiar with and accept the obli	herehy accept the appo visions of all statutes re gations of my position o	ointment as regelating to the pass registered a	gistered agent and agree roper and complete perf	e to act in this capa formance of my dui Chapter 605, F.S.	icity. I

Page 1 of 2

(CONTINUED)

"AMBR" = Authorized Member	Name and Address:
#1 (CIDII) A	
"MGR" = Manager MGR	Shirley Garlo
MOK	19327 NW 51st Ave
	Starke, FL 32091
	Starke, 1 12 32071
	the state of the s
	
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	50 11/20/2015 (ORTIONAL)
LE V: Effective date, if other than the date of ffective date is listed, the date must be specifie of filing.) If the date inserted in this block does not mee	filing: 11/29/2015 . (OPTIONAL) fic and cannot be more than five business days prior to or 90 da et the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the date of ffective date is listed, the date must be specified of filing.) If the date inserted in this block does not mee ument's effective date on the Department of 3	fic and cannot be more than five business days prior to or 90 da et the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the date of ffective date is listed, the date must be specified of filing.) If the date inserted in this block does not mee ument's effective date on the Department of the Ut: Other provisions, if any.	fic and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be State's records.
LEV: Effective date, if other than the date of ffective date is listed, the date must be specifie of filing.) If the date inserted in this block does not meetument's effective date on the Department of St. LEVI: Other provisions, if any.	fic and cannot be more than five business days prior to or 90 da et the applicable statutory filing requirements, this date will not be State's records.
LE V: Effective date, if other than the date of ffective date is listed, the date must be specific of filing.) If the date inserted in this block does not mee ument's effective date on the Department of: LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a ment this document is executed	fic and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be State's records.

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)

ARTICLE IV-