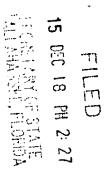


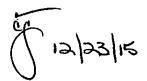
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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12/02/15--01003--008 **155.00





COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	CT:SSP_Ventures, LLCName of Limited Liability Company	
The end	losed Articles of Organization and fee(s) are submitted for filing.	
Please	eturn all correspondence concerning this matter to the following:	
	Sonal R Shah Name of Person	
	Firm/Company	
	1345 North Highway AlA Unit 307 Address	
	Indialantic, Fl 32903 City/State and Zip Code	
For furth	E-mail address: (to be used for future annual report notification) r information concerning this matter, please call:	
	Sonal Shah at (856) 264-9678 Name of Person Area Code Daytime Telephone Number	
Enclose	l is a check for the following amount:	
]\$125.00	Filing Fee \$\ \text{S130.00 Filing Fee & X Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Ciffon Building 2661 Executive Center Circle Tallahassee, FL 32301	



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 9, 2015

SONAL R. SHAH 1345 N HIGHWAY A1A #307 INDIALANTIC, FL 32903

SUBJECT: SSP VENTURES LLC Ref. Number: W15000079491

We have received your document for SSP VENTURES LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The document must contain both the street address of the principal office and the mailing address of the entity.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 115A00025813

FILED

EFFECTIVE DATE DIPOLICE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	FILED
The name of the Limited Liability Company is:	15 DEC 18 PM 2: 27
SSP Ventures, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	PLONETARY OF STATE
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: 1345 N HIGHWAY A1A UNIT 307 INDIALANTIC, FL 32903 Unit 307 Indialantic, F1	1A
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an ind another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Sonal R Shah Name	
1345 N Highway Ala #307 Florida street address (P.O. Box NOT acceptable)	
Indialantic, Fl. 32903 City State Zip	

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
President 50%	Sachin Patel -1345 N. Highway AlA #307 Indialantic, Fl 32903
Vice President 50%	Sonal R Shah 1345 N Highway AlA #307 Indialantic, F1 32903
	indiatancie, el 32903
(Use attachment if necessary) TICLE V: Effective date, if other than the date of	offiling: <u>January 1, 2016</u> (OPTIONAL)
TICLE V: Effective date, if other than the date of an effective date is listed, the date must be spedate of filing.) ote: If the date inserted in this block does not me document's effective date on the Department of	of filing:
TICLE V: Effective date, if other than the date of an effective date is listed, the date must be specified of filing.) ote: If the date inserted in this block does not me document's effective date on the Department of	of filing:
ATICLE V: Effective date, if other than the date of an effective date is listed, the date must be speed date of filing.) Ote: If the date inserted in this block does not met document's effective date on the Department of a tricked visions, if any. REQUIRED SIGNATURE: Signature of a men This document is execute I am aware that any false	of filing:
RTICLE V: Effective date, if other than the date of an effective date is listed, the date must be speed date of filing.) ote: If the date inserted in this block does not me document's effective date on the Department of RTICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a ment of the document is executed I am aware that any false constitutes a third degree	of filing:January_l, _2016 (OPTIONAL) cific and cannot be more than five business days prior to or 90 days a neet the applicable statutory filing requirements, this date will not be listed for State's records. mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State

ARTICLE IV-

Page 2 of 2

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

FILED

15 DEC 18 PH 2: 27

ECCENTARY OF STATE