

L 16000034467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

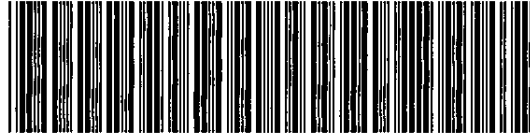
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

10408-



600280262476

12/28/15--01036--008 \*\*1000.00

FILED  
16 FEB 16 PM 3:34  
DEPARTMENT OF STATE  
CORPORATION, FLORIDA

*GF* 2/19/16

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ESRS 4, 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:

Jana McConnaughay  
Name of Person

Waldoch & McConnaughay, P.A.  
Firm/Company

1709 Hermitage Blvd., Ste. 102  
Address

Tallahassee, FL 32308  
City/State and Zip Code

jana@mcclawgroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jana McConnaughay at ( 850 ) 385-1246  
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**

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

FILED  
16 FEB 16 PM 3:34  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 11, 2016

JANA MCCONNAUGHAY  
1709 HERMITAGE BLVD.  
SUITE 102  
TALLAHASSEE, FL 32308

SUBJECT: SSRS 4, LLC  
Ref. Number: W16000001560

RECEIVED  
CORPORATIONS DIVISION  
FEB 16 2016 3:34 PM

We have received your document for SSRS 4, LLC and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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: 416A00000644

FILED  
16 FEB 16 PM 3:34  
CORPORATIONS DIVISION  
FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SSRS 4, LLC

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

FILED

16 FEB 16 PM 3:34

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

814 Apache St.  
Tallahassee, FL 32301

Mailing Address:

Po Box 7666  
Tallahassee, FL  
32314

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 individual or another business entity with an active Florida registration.)

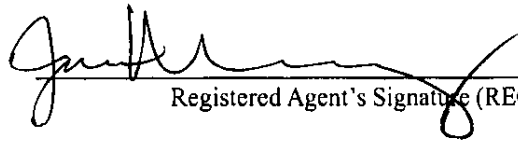
The name and the Florida street address of the registered agent are:

Jana McConnaughay  
Name

1709 Hermitage Blvd, Ste. 102  
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee, FL      32308  
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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_

\_\_\_\_\_

**REQUIRED SIGNATURE:**

*Shauna Y. Smith*

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

*Shauna Y. Smith*

Typed or printed name of signee

**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)

DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 16 FEB 16 PM 3:34  
 FILED