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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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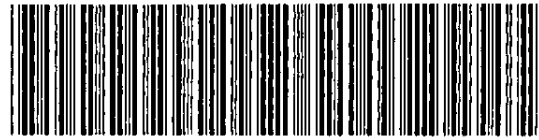
(Business Entity Name)

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T SCHROEDER

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 094118 4311639

AUTHORIZATION :



COST LIMIT : \$ 155.00

ORDER DATE : April 7, 2016

ORDER TIME : 1:09 PM

ORDER NO. : 094118-005

CUSTOMER NO: 4311639

DOMESTIC FILING

NAME: SS SANTORINI ASSOCIATES, LLC

EFFECTIVE DATE:

\_\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX \_\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_\_ CERTIFIED COPY  
\_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
SS SANTORINI ASSOCIATES, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is **SS SANTORINI ASSOCIATES, LLC**

**ARTICLE II: - Address**

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

c/o Sobel Co  
2385 NW Executive Center Drive, Suite 370  
Boca Raton, Florida 33431

**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

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

**Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301**

*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.*

CORPORATION SERVICE COMPANY,  
as Registered Agent



Name: Courtney Williams  
Title: Asst. Vice President

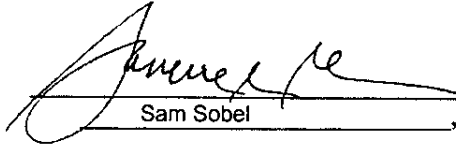
**ARTICLE IV: - Management**

The name and address of each person authorized to manage and control the limited liability company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGR	Sam Sobel c/o Sobel Co 2385 NW Executive Center Drive, Suite 370 Boca Raton, Florida 33431
MGR	Barry Smith c/o CBIZ MHM LLC 1675 N. Military Trail, 5 <sup>th</sup> Floor Boca Raton, Florida 33486

16 APR - 7 PM 2024

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on April 7, 2016.

  
\_\_\_\_\_  
Sam Sobel, authorized representative of a Member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, Florida Statutes.)

\_\_\_\_\_  
Sam Sobel  
Typed or printed name of signee

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DEPARTMENT OF STATE  
CORPORATION DIVISION