

LI60000067645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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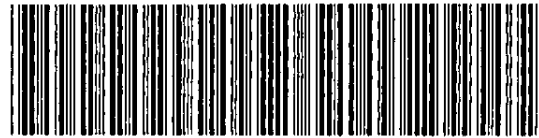
(Business Entity Name)

(Document Number)

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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

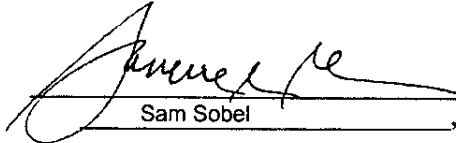
ARTICLE IV: - Management

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 th Floor Boca Raton, Florida 33486

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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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