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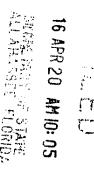
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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## WALDOCH & McConnaughhay, P.A.

PHONE: 850-385-1246

1709 HERMITAGE BOULEVARD, SUITE 102 TALLAHASSEE, FLORIDA 32308

Ann D. Westall Annette S. Driggers Krista M. Graham Public Benefits Team

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CATHI C. WILKINSON, OF COUNSEL

Nancy M. Richards
Alisa C. Hamm
Michelle C. Elkins
Legal Assistants
Lisa A. Medley
Client Relations Coordinator

FAX: 850-681-7074

December 23, 2015

New Filing Section Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: LLC Deeds

Dear Sir or Madam:

Enclosed please find the following:

- Cover Letter with Articles of Organization for LLC (8)

Our check in the amount of \$1,000.00, representing the filing fees for the enclosed documents. If you have any questions, please contact me or my assistant, Michelle Elkins.

Sincerely,

Jana McConnaughhay

JEM/mce enclosures

## **COVER LETTER**

Division of Corporations
SUBJECT: SSPS L, LL C 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 Mc Connaughhay Name of Person
Waldoch & Mc Connaughhay, PA. Firm/Company
1709 Alermitage Blvd., Ste-102
Tallahassee FL 32308  (City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TenaM Connaugh hat (850) 385-1246  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301



January 11, 2016

JANA MCCONNAUGHHAY 1709 HERMITAGE BLVD., STE.102 TALLAHASSEE, FL 32308

SUBJECT: SSRS I, LLC

Ref. Number: W16000001373

We have received your document for SSRS I, 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 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.

Maryanne Dickey Regulatory Specialist II

Letter Number: 216A00000575

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Mailing Address: ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:

1709 Hermitage Blvd.
Florida street address (P.O. Box NOT acceptable)

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

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

<b>Title:</b> "AMBR" = A	Authorized Member anager	Name and Address:
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