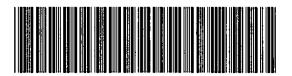
## 1600117594

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJE	SSMMP, LLC				
SUBJE	Nam	e of Limited Liability C	ompany		
The enc	closed Articles of Organization and f	ee(s) are submitted for t	iling.		
Please r	return all correspondence concerning	this matter to the follow	ving:		
	Margaret Shaffer				
	121.32.13.1	Name of Pers	on		
	SSMMP, LLC				
	and delicate the second	Firm/Compa	ıy		
	4890 Quill Court				
		Address		,	
	Palm Harbor, FL 34685				
	molbanproperties@gmail.com	City/State and Zip	Code		SECR TALL/
	E-mail address: (to	be used for future annua	l report notification	n)	
For furthe	er information concerning this matte	r, please call:			S PH STEP
	Margaret Shaffer	727 25 _at ()	1-5139		: 101 101 101 101 101 101 101 101 101 101
	Name of Person		aytime Telephone	Number	TIDA NIE
Enclose	d is a check for the following amoun	nt;			
\$125.00	Filing Fee \$130.00 Filing F Certificate of St	atus Certified C		\$160.00 Filing Fee Certificate of Statu Certified Copy (additional copy is en	s &
	Mailing Address	Stre	et Address		

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

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SSMMP, LLC			
(Must	end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
TICLE II - Address:	. 11 6.1		
mailing address and str	eet address of the principal office	of the Limited Liability Company is:	
<b>Principal Office Address</b> :		Mailing Address:	
4890 Quill Court		4890 Quill Court	
Palm Harbor, Fl	. 34685	Palm Harbor, FL 34685	
	l Agent, Registered Office, & Re		
e Limited Liability Com ther business entity with	pany cannot serve as its own Regi an active Florida registration.)	stered Agent. You must designate an individual or	16 JU
e Limited Liability Com ther business entity with	pany cannot serve as its own Regi	stered Agent. You must designate an individual or	16 JUN 15
e Limited Liability Com ther business entity with	pany cannot serve as its own Regin an active Florida registration.) reet address of the registered agen	stered Agent. You must designate an individual or at are:	JUN 15
e Limited Liability Com ther business entity with	pany cannot serve as its own Regin an active Florida registration.)  reet address of the registered agent Margaret Shaffer	stered Agent. You must designate an individual or at are:	
e Limited Liability Com ther business entity with	pany cannot serve as its own Regin an active Florida registration.)  reet address of the registered agent Margaret Shaffer  Nar	stered Agent. You must designate an individual or nt are:	JUN 15
e Limited Liability Com ther business entity with	pany cannot serve as its own Regin an active Florida registration.)  reet address of the registered agen  Margaret Shaffer  Nar  4890 Quill Court	stered Agent. You must designate an individual or nt are:	JUN 15 PM 1: 1

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 Synature (REQUIRED)

Page 1 of 2

(CONTINUED)

## ARTICLE IV-

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

AMBR" = Authorized Member MGR" = Manager IGR	
IGR	
<del> </del>	Margaret Shaffer
	4890 Quill Court
	Palm Harbor, FL 34685
MBR	Daniel Shaffer
	4890 Quill Court
	Palm Harbor, FL 34685
MBR	Angela Snaguski
	4076 Ligustrum Drive
	Palm Harbor, FL 34685
MBR	Joseph Snaguski
	4076 Ligustrum Drive
	Palm Harbor, FL 34685
Jse attachment if necessary)	
V: Effective date, if other than the date of filing	ng: 6/9/16 (OPTIONAL)
tive data is listed the data would be succiffed	and cannot be more than five business days prior to or 90
VIa Othan massiciona if	
vii: Other provisions, if any. distributed across 3 members as follows:1) I	Daniel A. Shaffer 50% 2) Joseph Snaguski 25%
VI: Other provisions, if any. distributed across 3 members as follows:1) I snaguski 25%	Daniel A. Shaffer 50% 2) Joseph Snaguski 25%
EQUIRED SIGNATURE:	la Sagren.
EOUIRED SIGNATURE:  Signature of a member	La Sagles.  or an authorized representative of a member.
Signature of a member This document is executed in a I am aware that any false inform	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State
Signature of a member This document is executed in a I am aware that any false inform	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.
Signature of a member This document is executed in a I am aware that any false inforr constitutes a third degree felon	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.
Signature of a member This document is executed in a I am aware that any false inforr constitutes a third degree felon	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.  GELA SNAGUSKU
Signature of a member This document is executed in a I am aware that any false inforr constitutes a third degree felon	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.  Gela Shagusku ed or printed name of signee  Filing Fees:
Signature of a member This document is executed in a I am aware that any false inforr constitutes a third degree felon	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.  GELA SAGUSICA ed or printed name of signee  Filing Fees:
Signature of a mention of a manual street of a mention of a manual street of a manual str	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.  GLA SAGUSK  dd or printed name of signee  Filing Fees: ation and Designation of Registered Agent
Signature of a member This document is executed in a I am aware that any false infort constitutes a third degree felony Type  \$125.00 Filing Fee for Articles of Organiza \$30.00 Certified Copy (Optional)	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.  Gela Shagusku ed or printed name of signee  Filing Fees: