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16 JU -6 AN 10:35

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# **COVER LETTER**

16 JUL -6 AM 10: 36

TO;	Registration Section Division of Corporations	SECRET OF SAME			
CUID IE	SSN&W, LLC	IMPLATIFICATE, FLORID			
SUBJE	Name of Limited Liability Company	<del></del>			
The encl	losed Articles of Organization and fee(s) are submitted for filing.				
Please re	eturn all correspondence concerning this matter to the following:				
	Stan Parsons				
	Name of Person	<del></del>			
	SPIS, Inc				
	Firm/Company				
	519 Short Street				
	Address				
	Tallahassee, FL, 32308				
	City/State and Zip Code Stan@stanparsons.com				
	E-mail address: (to be used for future annual report notification)				
or furthe	er information concerning this matter, please call:				
	Gregg Patterson 850 545-2840				
	Name of Person Area Code Daytime Telephone Number	r			
Enclose	d is a check for the following amount:				
	Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160	.00 Filing Fee, ificate of Status & fied Copy			

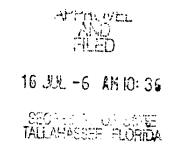
**Mailing Address** 

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





July 6, 2016

STAN PARSONS 519 SHORT STREET TALLAHASSEE, FL 32308

SUBJECT: SSN&W, LLC Ref. Number: W16000047107

We have received your document for SSN&W, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

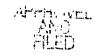
Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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: 216A00014093





# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ICLE	: I - I	Name:
-----	------	---------	-------

16 JUL -6 AM 10: 36

The name of the Limited Liabil	ity Company is:			
SSN&W, LLC				SEU: TALLAHA
	with the words "Limite	d Liability Compan	y, "L.L.C.,, or "LLC.,,)	
ARTICLE II - Address: The mailing address and street:	addrace of the principal	office of the Limite	d Liability Company is:	
The manning address and street	address of the principal of	office of the Limite	a Diabinty Company is:	
<u>Princi</u>	pal Office Address:		Mailing Addres	<u>ss</u> :
519 Short Street		51:	9 Short Street	
Tallahassee, FL 323	308	Tal	lahassee, FL 32308	
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	y cannot serve as its own	n Registered Agent.		vidual or
The name and the Florida stree	t address of the registere	d agent are:		
	Susan C Parsons			
		Name		
	529 Short Street			
	Florida street addre	ss (P.O. Box <u>NOT</u>	acceptable)	
	Tallahassee	Florida	32308	

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..

State

City

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

Zip



### ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company: -6 AN 10: 36

	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	IALIAHASSEE E ORITA
	"MGR" = Manager		HALLAHASSEE FLORIDA
	AMBR/MGR	Susan C. Parsons	
		519 Short Street Tallahassee, FL 32308	
		Tananassee, FL 32506	
	MGR	Stanley Black Parsons	
		519 Short Street	
		Tallahassee, FL 32308	
		<del> </del>	
			· · ·
			······
	(Use attachment if necessary)		
A DTI	CLE V: Effective date, if other than the date of	of filing: July 01, 2016	(OPTIONAL)
	effective date is listed, the date must be spec		
	te of filing.)		anyo prior to or 20 anyo mior
	If the date inserted in this block does not me		nts, this date will not be listed as
the do	ocument's effective date on the Department o	f State's records.	
ARTI	CLE VI: Other provisions, if any.		
This S	Single Member Limited Liability Company sl	hall be Manager managed as stipulated in the	e Operating Agreement of
this er	ntity.		
	REOUIRED SIGNATURE:	0	
		Que a Paracasa	
	<i>\\</i>	Susan C. Parsano	<u> </u>
		nber or an authorized representative of a	
		ed in accordance with section 605.0203 (1) (	

Typed or printed name of signee

### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Susan C Parsons