

L16000124265

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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16 JUL -6 AM 10:35

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DEPARTMENT OF STATE
16 JUL -6 AM 9:49

613

7/6/16

APPROVED
AND
FILED

COVER LETTER

16 JUL -6 AM 10:36

TO: Registration Section
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: SSN&W, LLC

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:

Stan Parsons

Name of Person

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)

For further information concerning this matter, please call:

Gregg Patterson

850

545-2840

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

APPROVED
AND
FILED

16 JUL -6 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

RECEIVED
DEPARTMENT OF STATE
16 JUL -6 AM 10:15
TO: SECRETARY
OFFICE OF THE
SECRETARY OF FILING

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED
AND
FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 JUL -6 AM 10:36

SSN&W, LLC

(Must end with the words "Limited Liability Company, "L.L.C.,", or "LLC.,")

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

519 Short Street

Tallahassee, FL 32308

519 Short Street

Tallahassee, FL 32308

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Susan C Parsons

Name

529 Short Street

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

Florida

32308

City

State

Zip

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..

Susan C. Parsons

Registered Agent's Signature (REQUIRED)

(CONTINUED)

APPROVED
AND
FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR/MGR

Name and Address:

Susan C. Parsons

519 Short Street

Tallahassee, FL 32308

SECRET
TALLAHASSEE FLORIDA

MGR

Stanley Black Parsons

519 Short Street

Tallahassee, FL 32308

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 01, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

This Single Member Limited Liability Company shall be Manager managed as stipulated in the Operating Agreement of this entity.

REQUIRED SIGNATURE:

Susan C. Parsons

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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 s.817.155, F.S.

Susan C Parsons

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)