2019-12-09 17:16 CST 12/9/2019



Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000355430 3)))



H190003554303ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAURA K. MUNSON, CPA

Account Number : I20190000060 Phone

: (863)634-4631

: (863)467-3002 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO.

SSL Real Estate Holdings, LLC

	.
Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H19000355430 3)))

COVER LETTER

TO:	New Filing Section Division of Corporations
SUBJE	SSI, Real Estate Holdings, LLC
	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Laura K. Sims, CPA
	Name of Person
	Firm/Company
	319 N. Parrott Avenue
	Address
	Okeechobee, FL 34972
	City/State and Zip Code
	laura@simsmunsoncpa.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Laura Sims 863 634-4631
	Name of Person Area Code Daytime Telephone Number

(((H19000355430 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limiter	d Liability Company is:		
I he manie of the Entitle	Liability Collipany is.		
7 Ica (122	Estate Holdings, LLC		
	fust conatin the words "Limited Liability	Company, "L.L.C.," or "L	LC.")
ARTICLE II - Address The mailing address and	s: d street address of the principal office of t	he Limited Liability Comp	pany is:
D		_	
	Principal Office Address:	<u>Mail</u>	ling Address:
8455 E. Ce	ater St., Okeechobee, FL 34974	P.O. Box 3003, Ok	keechobee, FL 34973
			···
ARTICLE [II - Regist	ered Agent, Registered Office, & Regis	tered Agent's Signature:	:
(The Limited Liability (Company cannot serve as its own Register		
another business entity	with an active Florida registration.)		
The name and the Flori	da street address of the registered agent ar	re·	
The name and the Fioth	na street address of the registered agent a	.	
	Laura K. Sims, CPA		
	Name		
	319 N. Parrott Ave.		
	Florida street address (P.O. E	lox NOT acceptable)	
	Okeechobee, FL 34972		
	- 	ate Zip	
	5.07	,	
	rgistered agent and to accept service of pro		
	ertificate, I hereby accept the appointment with the provisions of all statutes relating to		
	ept the obligations of my position as regist		
			-
	Fus		東南
		, o' , (pcolupe	
	(/Registered Age	ent's Signature (REQUIRE	an)
			2019 DEC 10 SECRICLIA TALLIANA
	(CON	TINUED)	ဟက္ 🖺
			Files F
			AM 4:17 OF STATE SEEL FL

(((H19000355430 3)))

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Brian A. Levesque, Jr.
	P.O. Box 3003 Okecchobee, FL 34973
	GROWING TO THE STATE OF THE STA
_AMBR	Jessica D. Levesoue
	P.O. Box 3003 Okeechobee, FL 34973
	Oxecthorec, 1E 54975
(Use attachment if necessary)	(OPPIONAL)
EV: Effective date, if other than the ective date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Department's effective date on the Department.	not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the ective date is listed, the date must of filing.) the date inserted in this block does ment's effective date on the Depart	be specific and cannot be more than live business days prior to or 90 inot meet the applicable statutory filing requirements, this date will no ment of State's records.
LE V: Effective date, if other than the fective date is listed, the date must to of filing.) If the date inserted in this block does insent's effective date on the Department's CE VI: Other provisions, if any.	be specific and cannot be more than live business days prior to or 90 inot meet the applicable statutory filing requirements, this date will no ment of State's records.
EV: Effective date, if other than the fective date is listed, the date must lof filing.) If the date inserted in this block does ment's effective date on the Department. EVI: Other provisions, if any.	be specific and cannot be more than live business days prior to or 90 inot meet the applicable statutory filing requirements, this date will no ment of State's records.
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ament's effective date on the Department's effective date on the Department is of the Department of the Department is of the Department in the Department in the Department is of the Department in th	not meet the applicable statutory filing requirements, this date will no ment of State's records. If a number or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes.
EV: Effective date, if other than the fective date is listed, the date must lof filing.) If the date inserted in this block does ment's effective date on the Departs. EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is of am aware that any	not meet the applicable statutory filing requirements, this date will no ment of State's records. If a prember or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes.
EV: Effective date, if other than the fective date is listed, the date must lof filing.) If the date inserted in this block does ment's effective date on the Department's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is of a maware that any constitutes a third of the state o	not meet the applicable statutory filing requirements, this date will no ment of State's records. If a number or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State