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Florida Department of State

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.

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Division of Corporations

Fax Number : (850) 617-6381

To:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855) 498-5500 Fax Number : (800) 432-3622

Enter the email address for this business entity to be used for future.

Email Address:

# FLORIDA LIMITED LIABILITY CO. **SSRE HOLDINGS 2 LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

J. FASON

AUG 0 3 2020

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## **COVER LETTER**

TO:	New Filing Section Division of Corporations	
SUBJE	SSRE Holdings 2 LLC	
	Name of I	limited Liability Company
	closed Articles of Organization and fee(s)	
	· -	•
		Name of Person
	Capitol Services - Corpora	
		Firm/Company
	515 East Park Avenue 2n	d Fl
		Address
	Tallahassee, FL 32301	
		City/State and Zip Code
	jacksrlty3@gmail.com	
	E-mail address: (to be un	nd for future annual report notification)
For furth	er information concerning this matter, ple	ase eafl:
	at (	× 855 , 498 - 5500
	Name of Person	Area Code Daytime Telephone Number
Enciose	ed is a check for the following amount:	
\$125.0	Filing Fee \$130,00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	Amendment Section	Amendment Section
	Division of Corporations P.O: Box 6327	Division of Corporations The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahasses, FL 32303

# 2020 HH 31 AM H: 18

## ARTICLES OF ORGANIZATION FOR FLOREDA LIMITED LIABILITY COMPANY

VRILCITE 1 - DODG	:
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The name of the Limited Liability Company is:

SSRE Holdings 2 LLC

(Must contain 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:

Principal Office Address:

Mailing Address:

3000 Stanford Rd

15 E. Putnam Ave. Num 425

West Palm Beach, FL 33405

Greenwich, CT 06830

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

(The Limited Lizbility Company carnot 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:

Capitol Corporate Services, Inc.

Name

515 East Park Avenue 2nd Fl

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

Tallahassee FL 32301

Chy

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.

AAA

Krista Abair, Asst. Sec. on behalf of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Filing Feet:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)