

L21000485769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

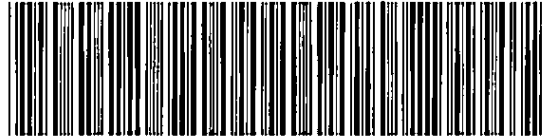
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500376226495

FILED

2021 NOV 15 PM 4:21

STATE
CLERK

RECEIVED

2021 NOV 15 PM 3:02

TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau

850.656.7953

REQUEST DATE 11/15/2021

PRIORITY Regular Approval

OUR REF # (Order ID#) 966362

ORDER ENTITY
SSG HAWKS RIDGE, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

SSG HAWKS RIDGE, LLC (FL)

Please file the attached articles and provide a certified copy.

NOTES:

\$155.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written in a cursive style.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

FILED

2021 NOV 15 PM 4: 21

**ARTICLES OF ORGANIZATION
OF
SSG HAWKS RIDGE, LLC**

STATE OF FLORIDA
COUNTY OF DADE, FL

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statutes Chapter 605.0112, as amended, hereby makes, acknowledges and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company is SSG Hawks Ridge, LLC (the "Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is 8450 SW 57 Avenue, Miami, Florida 33143.

ARTICLE III - REGISTERED OFFICE AND AGENT AND ADDRESS

The name and street address of the registered agent and the registered office of the Company in the State of Florida are:


<u>Name:</u>	<u>Address:</u>
Manuel A. Rodriguez	8450 SW 57 Avenue Miami, Florida 33143

Article IV – Officers

The names, titles and addresses of the persons authorized to manage and control the limited liability company are:

<u>Name:</u>	<u>Address:</u>
Manuel A. Rodriguez, Manager	8450 SW 57 Avenue Miami, Florida 33143
Jaime Lopez, Manager	300 Long Shoals Road, Apt. 2-C Arden, North Carolina 28704
Oneal McCall, Manager	61 N. Oak Street Brevard, North Carolina 28712

IN WITNESS WHEREOF, the undersigned has made and subscribed these Articles of Organization for the foregoing uses and purposes this 15th day of November, 2021.

By: 

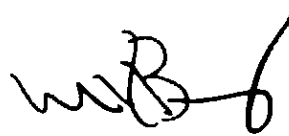
Name: Manuel A. Rodriguez
Title: Authorized Person

REGISTERED AGENTS ACCEPTANCE

Having been named as registered agent and to accept service of process for SSG Hawks Ridge, LLC at the place designated in this certificate, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with and accepts the obligations of his position as registered agent as provided for in Chapter 605, Florida Statutes.

Dated: November 15, 2021

By:



Name: Manuel A. Rodriguez

FILED
2021 NOV 15 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FL