L22000125063

(Requestor's Name)	-
(Address)	-
(Address)	-
(City/State/Zip/Phone #)	-
(Business Entity Name)	-
(Document Number)	-
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:]
Office Use Only WJJ-WWANYV	1
T. SCOTT	
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	4		COVER LET	ITER	
TO:	New Filing Se Division of Co	ction rporations			
SUDIES		SITE SOLUTIONS, LI	LC		
SUBJEC.	1:	Name o	f Limited Liat	ility Company	
The enclo	sed Articles of	Organization and fee(s	s) are submitte	ed for filing.	
Please ret	urn all corresp	ondence concerning thi	is matter to the	e following:	
	CLINTON I	D. HARVEY			
~ •	·		Name o	of Person	
	SELECT SI	TE SOLUTIONS, LLC	:		
Firm/Company					
	P O BOX 14	06			
			Ado	lress	
	MACCLEN	NEY, FL 32063			
		7 84@YAHOO.COM	City/State a	nd Zip Code	
			ised for future	annual report notificati	lon)
For further i	nformation co	ncerning this matter, pl	lease call:		
	LORI T. WE		904 (838-5882	
	Nam	e of Person	·	Daytime Telephon	e Number
Enclosed i	s a check for t	he following amount:			
□\$125.00) Filing Fee	■S130.00 Filing Fee Certificate of Status	Certit	55.00 Filing Fee & fied Copy nal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	issee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SELECT SITE SOLUTIONS, 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: Marnine Glay LA. POBOX 1406 MACCLENNE P-O-BOX 1406 10101 MACCLENNEY 32081

O BOX 1406	
ACCLENNEY, FL 32063	
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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:

City	State	Zip	
MACCLENNY	FL	<u> </u>	1
Florida street ad	dress (P.O. Box <u>NO</u>	ning 6/014 Lh [acceptable] 32063-3708	
P-O-BOX-1406	10109 Mor	ning Glay Lh	
	Name		
CLINTON D. H.	ARVEY		

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..

Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	<u>CLINTON D. HARVEY</u> <u>P O BOX 1406</u> MACCLENNY, FL 32063	
······································		•

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _ (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.

REOUIRED SIGNATURE 1 Signature of Zmember 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. CLINTON D. HARVEY Typed or printed name of signee Filing Fees:

- S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- S 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)