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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number

: (855)330-1010

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

Email Address:__

FLORIDA LIMITED LIABILITY CO.

SS Road Marks LLC

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SS Road Marks	110		
	contain the words "Limited	Liability Company.	"L.L.C" or "LLC.")
(******			5.2.0.,
ARTICLE II - Address:	oot addraga af tha minainal a	office of the Limited	Liability Community
ne manning address and str	eet address of the principal o	office of the Lumied	Liaotitty Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address:
	PP 200	רכח ו	Palm Dr
7901 Jth St N S	I P 300		
7901 4th St N S' St. Petersburg, F			andalle Beach FL 33009
St. Petersburg, F	L 33702 Agent, Registered Office,	& Registered Agent. N	andalle Beach FL 33009
St. Petersburg, F ARTICLE III - Registered The Limited Liability Comunother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registratic reet address of the registered	& Registered Agent. Von.)	andalle Beach FL 33009 nt's Signature:
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St. Petersburg, F ARTICLE III - Registered The Limited Liability Cominother business entity with	L 33702 Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered Registered Agents In T901 4th St N STE 3	& Registered Agent. Yon.) d agent are: Name	andalle Beach FL 33009 nt's Signature: You must designate an individual or

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..

Registered Agent's Signature (REQUIRED)

2022 MAY -4 AM 8: 07

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Au "MGR" = Mar	authorized Member Inager	
AMBR	·	
	7901 4th St N STE 300 St. Petersburg FL 33702	
AMBR	Isadora de Mello Stabile Ribeiro 7901 4th St N STE 300 St. Petersburg FL 33702	
	TAL T CICLARIAN E D 357 02	
(Use attachme	ent if necessary)	
(If an effective date is li the date of filing.) Note: If the date insert	listed, the date must be specific and cannot be more than five business days prior to or 90 day rted in this block does not meet the applicable statutory filing requirements, this date will not be ve date on the Department of State's records.	•
REQUIRED S	SIGNATURE:	5 -
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		x
	Typed or printed name of signee	ي فق
	Fitting Fees.	7
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)