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D. O'KEEFE OCT 28 2022

COVER LETTER

. 10:	Division of Corpo					
SUBJE	SS-TEK LLC					
20.DJE	CI:	Nan	ne of Limi	ted Liabili	ty Company	
The enc	losed Articles of Or	ganization and	fee(s) are	submitted	for filing.	
Please r	eturn all correspond	ence concernin	g this mat	ter to the f	ollowing:	
	SHREY TRIPA	THI, MUHAN	MAD TA	HIR		
				Name of	Person	
	SS-TEK LLC.					
				Firm/Co	mpany	
	881 W WARRI	EN AVE. APT	145			
				Addr	ess	
	LONGWOOD.	FL 32750				
				-	d Zip Code	
	SHREYTRIP140				AIL.COM nnual report notificati	an)
r					imuai report notificati	ony
ror mrine	er information conce	rning this matte	er, piease	call:		
	SHREY TRIPA	ТНІ ————————————————————————————————————	316 at (461-9262)	
	Name o	f Person	Are	ea Code	Daytime Telephon	
Enclose	d is a check for the	following amou	nt:			
≣\$125		□\$130.00 Filin Certificate of S		Certifi	i.00 Filing Fee & ed Copy ed Copy is enclosed)	☐S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing A				Street Address	
	New Filin Division o	g Section of Corporations			New Filing Section Di The Centre of Tallaha	issee
	P.O. Box	6327			2415 N. Monroe Stree	et. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

SS-TEK LLC.	a sha manda of imisad I	ichilita Common	y, "L.L.C.," or "LLC.")
(Musi coman	n the words Limited L	naomicy Compan	y, L.L.C., or LLC.
TICLE II - Address:			
mailing address and street add	lress of the principal of	fice of the Limit	ed Liability Company is:
<u>Principal</u>	Office Address:		Mailing Address:
SSI W WARREN AVI	E, APT 145	SS	I W WARREN AVE, APT 145
LONGWOOD, FL 327	50	LONGWOOD, FL 32750	
TICLE III - Registered Agen e Limited Liability Company of ther business entity with an ac	annot serve as its own I	Registered Agen	gent's Signature: t. You must designate an individ
e Limited Liability Company ca ther business entity with an act	annot serve as its own I tive Florida registration	Registered Agen	
e Limited Liability Company ca	annot serve as its own I tive Florida registration dress of the registered	Registered Agen	
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e Limited Liability Company ca ther business entity with an act	annot serve as its own I tive Florida registration dress of the registered	Registered Agen agent are: Name	
e Limited Liability Company ca ther business entity with an act	annot serve as its own I tive Florida registration dress of the registered a SHREY TRIPATHI	Registered Agen agent are: Name E. APT 145	t. You must designate an individ
e Limited Liability Company cather business entity with an action name and the Florida street ad	annot serve as its own I tive Florida registration dress of the registered of SHREY TRIPATHI S81 W WARREN AV	Registered Agen agent are: Name E. APT 145	t. You must designate an individ

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 OCT 21 AM 10: 27

ARTICLE IV-

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

"MGR" = Manager MGR/AMBR SHREY TRIPATHI SSI W WARREN AVE. APT 145 LONGWOOD, FL 32750 MGR/AMBR MUHAMMAD TAHIR 424.S BENDER AVE. APT 806 HUMBLE, TX 77338 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: Tective date is listed, the date must be specific and cannot be more than five business days prior to or 90 dr off filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be unnear's effective date on the Department of State's records. LE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member of 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. SHREY TRIPATHI Typed or printed name of signee Filing Feets: \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)		Name and Address:
MGR/AMBR SHREY TRIPATHI SSI W WARREN AVE. APT 145 LONGWOOD. FI. 32750 MUHAMMAD TAHIR 424 S BENDER AVE. APT 806 HUMBLE. TX 77338 (Use attachment if necessary) LE V: Effective date. if other than the date of filing: (OPTIONAL) Tective date is listed, the date must be specific and cannot be more than five business days prior to or 90 dr of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be unnear's effective date on the Department of State's records. LE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a member of 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. SHREY TRIPATHI Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$285 \$3.000 Certified Copy (Optional) \$255 \$256 \$257 \$257 \$258 \$258 \$258 \$258 \$258 \$258 \$258 \$258		
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