L23000/20/35

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COVER LETTER

	New Filing Sec Division of Cor				×.	
etin trzy		ources, LLC				
SUBJEC	l:	Name o	f Lim	ited Liabili	y Company	·
The enclo	sed Articles of	Organization and fee(s) are	submitted	for filing.	
Please ret	urn all correspo	ondence concerning th	is ma	tter to the fe	ollowing:	
	A. Stephen F	Roan				
				Name of	Person	
	S & S Resou	rces, LLC				
				Firm/Cor	npany	
	695 Oday St					
				Addro	ess	
	The Villages	FL 32163				
	steveroan57@)email.com	Ci	ity/State and	I Zip Code	
		E-mail address: (to be	used	for future a	nnual report notificati	on)
For further	information co	ncerning this matter. p	dease	call:		
	Steve Roan			06	217-7136	
	Nam	e of Person		rea Code	Daytime Telephon	e Number
Enclosed	is a check for the	he following amount:				
	0 Filing Fee	□\$130.00 Filing F Certificate of Statu		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address iling Section			Street Address New Filing Section D	ivision

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") 11 - Address: 2 address and street address of the principal office of the Limited Liability Company is:		S & S Resources, LLC	
	and street address of the principal office of the Limited Liability Company is:	(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
Principal Office Address: Mailing Address			of the Limited Liability Company is:
85 Oday St. 695 Oday St.		address and street address of the principal office Principal Office Address:	Mailing Address

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:

Carolvn Roan		
	Name	
695 Oday St		
Florida street addre	ss (P.O. Box <u>NOT</u> ac	rceptable)
The Villages	FL	32163
City	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	A. Stephen Roan 695 Odav St. The Villages, FL	
AMBR	Steve Trueman 2325 Kenya St. The Villages, FL	ZUZI FEB 2
Also attachment if nepessarya		
ffective date is listed, the date must be e of filing.) If the date inserted in this block does no	ate of filing: February 22, 2023 specific and cannot be more than five busing of meet the applicable statutory filing requirent of State's records.	ess days prior to or 90
TLE V: Effective date, if other than the da ffective date is listed, the date must be e of filing.)	specific and cannot be more than five busine of meet the applicable statutory filing requiren	ess days prior to or 90
CLE V: Effective date, if other than the date ffective date is listed, the date must be e of filing.) If the date inserted in this block does not nument's effective date on the Department of	specific and cannot be more than five busine of meet the applicable statutory filing requiren	a member.) (b). Florida Statutes.