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SUBJI	SS Miam	i T5, LLC			
30 D3		Name of Li	imited Liab	lity Company	
The en	closed Articles o	of Organization and fee(s) a	are submitte	d for filing.	
Please	return all corresp	oondence concerning this m	natter to the	following:	
	David R. Pl	hillips, Esq.			
			Name o	f Person	
	Phillips, Ha	yden & Labbec, LLP			
			Firm/C	ompany	
	19321 US F	lighway 19 North, Suite 30	01		
			Add	ress	
	Clearwater,	FL 33764			
	stacey@stree	etsideretail.com	City/State as	nd Zip Code	
		E-mail address: (to be used	d for future	innual report notifica	tion)
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	David R. Ph.		27	300-1399	
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Enclose	ed is a check for t	the following amount:			
≣\$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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		on of Corporations		The Centre of Tallah	

P.O. Box 6327 Tallahassee, Fl. 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabilit	y Company is:			
SS Miami T5, LLC	 			
(Must conta	ain the words "Limited	Liability Com	pany, "L.L.C.," or "L.L.C.")	
ARTICLE II - Address: The mailing address and street ad	ldress of the principal	office of the Li	mited Liability Company is:	
Princips	ıl Office Address:		Mailing Address:	
13799 Park Boulevan	13799 Park Boulevard North, #246		13799 Park Boulevard North, #246	
Seminole, FL 33776			Seminole, FL 33776	
The name and the Florida street a	ddress of the registere David R. Phillips, E.	_		
		Name		
	19321 US Highway			
	Florida street addres	ss (P.O. Box <u>N</u>	OT acceptable)	
	Clearwater	FL	33764	
	City	State	Zip	
place designated in this certificate, i further agree to comply with the pro	hereby accept the apportions of all studies rigations of my position	pointment as regrelating to the passes as registered a	or the above stated limited liability company of gistered agent and agree to act in this capacity roper and complete performance of my duties, gent as provided for in Chapter 605, F.S	
	·	(CONTINU	ED)	

2023

141 11 11

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized M	ember	
"MGR" = Manager		
MGR	Stacey Buckley	
	13799 Park Boulevard North, #246	
	Seminole, FL 33776	
		<u></u>
		
		
	•	
		
		
(Use attachment if necessa		
cument's effective date on the CLE VI: Other provisions, if a	e Department of State's records. ny.	
REQUIRED SIGNATUR		
REDUKED SIGNATOR		
Sign	ature of a member or an authorized representative of a member.	
Sign: This docum	nent is executed in accordance with section 605.0203 (1) (b), Florida S	tatutaa
l am aware	that any false information submitted in a document to the Department of	atutes.
constitutes	a third degree felony as provided for in s.817.155, F.S.	n state
Dav	id R. Phillips, Esq.	
<u></u>	Typed or printed name of signee	
	Filing Fees:	
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