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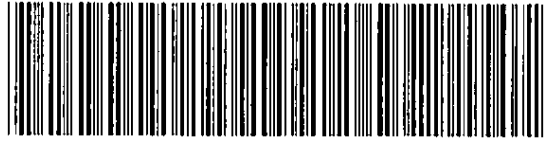
(Business Entity Name)

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DATE: 06/04/2024

NAME: SS CRYSTAL RIVER, LLC

TYPE OF FILING: ARTICLES

COST: 125.00

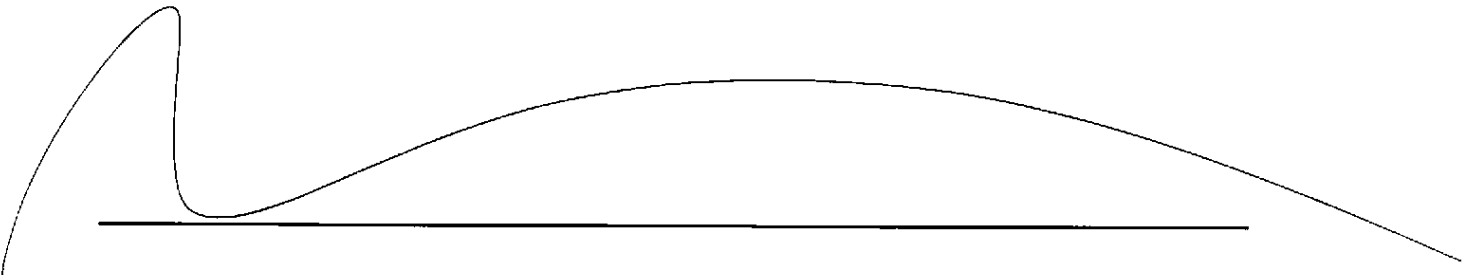
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A large, stylized handwritten signature in black ink, starting with a high loop on the left and ending with a long horizontal stroke on the right.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SS Crystal River, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David R. Phillips, Esq.
Name of Person
Phillips, Hayden & Labbee, LLP
Firm/Company
19321 US Highway 19 North, Suite 301
Address
Clearwater, FL 33764
City/State and Zip Code
stacey@streetsideretail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David R. Phillips, Esq. 727 300-1399
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee
- ☐ \$130.00 Filing Fee & Certificate of Status
- ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SS Crystal River, 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:

13799 Park Boulevard North, #246
Seminole, FL 33776

Mailing Address:

13799 Park Boulevard North, #246
Seminole, FL 33776

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:

David R. Phillips, Esq.

Name

19321 US Highway 19 North, Suite 301

Florida street address (P.O. Box **NOT** acceptable)

Clearwater

FL

33764

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, and further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

DocuSigned by:

David R. Phillips

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE
OF FLORIDA

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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>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Stacey Buckley 13799 Park Boulevard North, #246 Seminole, FL 33776

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 3, 2024. (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.

REQUIRED SIGNATURE:

DocuSigned by:
David R. Phillips

Signature of a member 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.

David R. Phillips, Esq.
Typed or printed name of signer

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DEPARTMENT OF REVENUE