

L99000004435

Florida Department of State

Division of Corporations

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To:

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Fax Number : (850)922-4003

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Account Name : ACE INDUSTRIES, INC.
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LIMITED LIABILITY COMPANY

SSDM, LLC

Name	MJH
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Certificate of Status	0
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TALLAHASSEE, FLORIDA

H99-17938

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

NAME OF LIMITED LIABILITY COMPANY: **SSDM, LLC**

THE DURATION OF THIS COMPANY IS: **PERPETUAL**

THE MAILING ADDRESS OF THIS COMPANY IS: **90 SW 8TH STREET
MIAMI, FLORIDA 33130**

THE PRINCIPAL OFFICE ADDRESS OF THIS COMPANY IS:
**90 SW 8TH STREET
MIAMI, FLORIDA 33130**

THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY:

☒ MEMBERS

☐ MANAGERS

THE NAMES AND ADDRESS OF THE MEMBERS OR MANAGERS ARE AS FOLLOWS:

HAROLD O. LEAVITT, 251 CRANDON BLVD. #241, KEY BISCAYNE, FLORIDA 33149

PEARL D. KAY, 251 CRANDON BLVD. #241, KEY BISCAYNE, FLORIDA 33149

EFFECTIVE DATE UPON FILING WITH THE SECRETARY OF STATE.



SIGNATURE OF:
(SIGNATURE IS OF MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE)

PREPARED BY ACE INDUSTRIES, 54 NW 11th STREET, MIAMI, FL 33136
(305)358-2571

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATE-
MENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE
OF FLORIDA.

1) The name of the limited liability company is:

SSDM, LLC

2) The name and address of the registered agent and office is:

HAROLD O. LEAVITT

Name

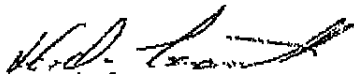
251 CRANDON BLVD. #241

Address (P.O. Box NOT acceptable)

KEY BISCAVNE, FLORIDA 33149

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.



Signature

JULY 21, 1999

Date

FILING FEE: \$35 for Designation of Registered Agent

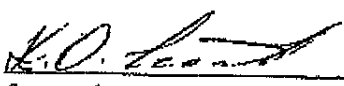
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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member
of SSDM, LLC _____ deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 10,010.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is
\$ NONE _____. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is
\$ 10,010.00 _____. This total includes amounts from 2 and 3 above.



Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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FILING FEE: \$250 for Articles of Organization and Affidavit