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	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	wait	MAIL
	(Business Entity Name)	·
((Document Number)	
Certified Copies	Certificates of S	Status
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TRANSMITTAL LETTER

•			•
TO: Registration Section			
Division of Corporations			*
- Contract C			
			4
SUBJECT: SS LEASING, LLC		<u> </u>	
(Na	ame of Limited Li	ability Company)	
	4		•
The enclosed "Application by Foreign L Florida," Certificate of Existence, and of			
liability company to transact business in			
· · · · · · · · · · · · · · · · · · ·			
Please return all correspondence concern	ning this matter to	the following:	
	TOTTO 14 1477		
	LOUIS M. MEI		
	(Name of I	'erson)	
	ADVOCATE CO	VSULTING	
	(Firm/Con	npany)	
9229	DELEGATES RO	OW, SUITE 245	
	(Addre		
	`	,	d
-	TND TANK ĐỐ TỬ TƠ	TN 46040	AL O
	INDIANAPOLIS,		
	(City/State and	Zip Code)	CEC 13
			SS
For further information concerning this s	matter, please call		量 河
· ·	*		
			₹
YOLANDA ROBINS			1-4070 3. 0
(Name of Person)	(A	trea Code & Daytime	e Telephone Number)
STREET ADDRESS:		MART INC ADDD	ree.
Registration Section	·	MAILING ADDR Registration Section	
Division of Corporations	•	Division of Corpora	
409 E. Gaines Street	-	P.O. Box 6327	
Tallahassee, Florida 32399		Tallahassee, Florida	a 32314
•		, , , , , , , , , , , , , , , , , , , ,	
Enclosed is a check for the following am	iount:		•
in the same of the			<u>'-</u>
■ \$125.00 Filing Fee	Filing Fee & S	155.00 Filing Fee &	\$160.00 Filing Fee, Certificate of
	Certificate of Status	Certified Copy	Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORID&

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	SS LEASING, LLC		<u> </u>					
	(Name of Foreign Lin	niteo	Liability Company)					
2.	DELAWARE	3.						
	(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)					
4.	DECEMBER 1, 2004	5.	PERPETUAL					
	(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")					
6.		. <u> </u>						
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)							
	·	~	, to determine periody maximy)					
7.	9348 SOUTHERN BREEZE DRIVE	· -						
	ORLANDO, FL 32836-5056		<u> </u>					
	(Street Address	of P	rincipal Office)					
Q	If limited liability company is a manager-managed c	om i	pany check here					
ο.	11 minuted matrices company is a manager-managed c	Om	party, check here					
9.	The name and usual business address of the managir	ıg n	nembers or managers are as follows:					
	SS MANAGEMENT, LLC							
	9348 SOUTHERN BREEZE DRIVE	·						
	ORLANDO, FĪ 32836-5056		<u> </u>					
av f tl	Attached is an original certificate of existence, no ming custody of records in the jurisdiction under the law he certificate is in a foreign language, a translation mitted.)	of	than 90 days old, duly authenticated by the official which it is organized. (A photocopy is not acceptable.					
11.	Nature of business or purposes to be conducted or pr	rom	oted in Florida:					
	EQUIPMENT <u>LEASI</u> NG		<u> </u>					
	Signature of a member of an author	_ Orize	ed representative of a member.					
	(In accordance with section 608.408(3), F.S., an affirmation under the penalties of perjury t	the e	xecution of this document constitutes					
	LOUIS M. ME	.IN	ERS, JR.					
	Typed or printed	nai	ne of signee					

· 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 STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the	e Limited Liability Compan	y is:		
SS LEASING,	LLC			
_			= *,	- 4-4-
2. The name and t	he Florida street address of	the registered age	ent and office are:	
	LOU	IS M. MEINER	RS, JR.	
		(Name)		
	200 A	VIATION DRIV	E, SUITE 2	
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	NAPLES	FL	34104	
		City/State/Zip		, ·
Havina hoen name	ed as registered agent and to	accent service a	f nracess for the above s	tated limited liability
	ace designated in this certifi			
	capacity. I further agree to			
and complete perfe	ormance of my duties, and I	am familiar with	and accept the obligation	ns of my position as
registered agent_as	s provided for in Chapter 60	98, Florida Statute	es.	
	_			8: 20 CORNE
Louis	M. Meiners,	2		20 Rib/
	(Signature)	7		

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SS LEASING, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF DECEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SS LEASING, LLC" WAS FORMED ON THE FIRST DAY OF DECEMBER, A.D. 2004.

Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 3511880

DATE: 12-01-04

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