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SECRETARY OF STATE FALLAHASSEE, FLORIDA

J. BRYAN
JUN 3 0 2010

EXAMINER

COVER LETTER

	on of Corporations	
SUBJECT:	SS REA	ALTY , LL C Name of Limited Liability Company
	Ŋ	Name of Limited Liability Company
		Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida
Please return al	correspondence concerning this	s matter to the following:
	Al	Name of Person
	SS W	Lealty, LLC Firm/Company PR 5
		Firm/Company
	132 Shapowa	d Averwewest, Softe 100 STA STA
		Address
	North york ON	TAMO CANADA MAN 1M5 City/State and Zip Code
	9	City/State and Zip Code
•	allan. Iyo	ons e 462225355. com ss: (to be used for future annual report notification)
	E-mail address	ss: (to be used for future annual report notification)
For further infor	rmation concerning this matter, pl	please call:
	Allen Lyons	- at 416 , 222-5355
	Name of Person	Area Code & Daytime Telephone Number
Division Registr P.O. Bo	ING ADDRESS: on of Corporations ation Section ox 6327 ussee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle
		Tallahassee, FL 32301
Enclosed is a	check for the following amo	nount:
\$12 5	5.00 Filing Fee \$130.00 Fil Certificate	iling Fee & \$\Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Fee, Certificate the of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 18, 2010

ALLAN LYONS SS REALTY, LLC 132 SHEPPARD AVENUE WEST, STE 100 NORTH YORK, ONT CA, M2N 1M5, XX

SUBJECT: SS REALTY SOUTHEAST, LLC

Ref. Number: W10000029323



We have received your document for SS REALTY SOUTHEAST, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 210A00015100

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WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing
Members of
a limited liability company duly organized and existing under the laws of
GEDIGIA (State or Country of Organization)
Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:
Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)
Date: June 29,2010
Signature(s) of Manager(s) and/or Managing Member(s):
SSIL INC, Manuging Manher By: Ord
here Il (overl, diffuezul) Up nountative of Musering Member

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

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: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") SS VEALTY SOUTHEAST, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") (Jurisdiction under the law of which foreign limited liability 3. (FEI number, if applicable) company is organized) PERPETUAL
(Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) SHEDDAND AVENT WEST, SUITE 100 NOUTH YOUR ONTHEO, CANADA MAN IMS
(Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Morth you ONT CANADA Man IMS 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SIDNEY SPIECEL
Typed or printed name 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 o	of the Limited Liability Company is:	
	55 REALTY, LLC	
	the alternate to be used in the state of Florida is:	
22	REALTY SOUTHEAST, LLC	Fu 6
	nd the Florida street address of the registered agent and office are:	JUN 29
	POLUCIANA MANKEMENT, INC.	· Mo z
	340 YoyAL point and way Suite 326 Florida Street Address (P.O. Box NOT ACCEPTABLE)	8: 35 FSTATE FLORIDA
	PALM BEACH FL 33490 City/State/Zip	
liability compan agent and agree relating to the p	amed as registered agent and to accept service of process for the above starty at the place designated in this certificate, I hereby accept the appointment to act in this capacity. I further agree to comply with the provisions of all proper and complete performance of my duties, and I am familiar with and my position as registered agent as provided for in Chapter 608, Florida Starty position (Signature)	ent as registered Il statutes I accept the
	\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent	
	\$ 30.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)	
	\$ 5.00 Certificate of Status (optional)	

Control No. 08030115

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF

EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

SS REALTY, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 04/14/2008 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 15th day of April, 2010

B:Ph

Brian P. Kemp Secretary of State

Certification Number: 5808979-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp