P10000046827

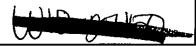
	(Requestor's Name)				
(Address)					
	(Address)				
	(City/State/Zip/Phone #)				
	PICK-UP WAIT MAIL				
	(Business Entity Name)				
	(Document Number)				
Certifi	ied Copies Certificates of Status				

Special Instructions to Filing Officer:

L. SELLERS

JUN - 3 2010

EXAMINER



Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

Division of C				
SUBJECT:	S & S MANAG			
	Name of Resulti	ng Florida	Profit Corpora	tion
				on, and fees are submitted to ration" in accordance with s.
Please return all corr	espondence concernir	ng this m	atter to:	
Lisa Cab	orera, Corporate Par	alegal		
	Contact Person			
Var	ndeventer Black LLF	•		
	Firm/Company			
101 W. Mair	St., 500 World Trad	de Cent	er	
	Address			
Norfolk	VA	2351	0	
C	City, State and Zip Code			
lca	brera@vanblk.com			
E-mail address: (to	be used for future annual	report noti	fication)	
For further informati	on concerning this ma	atter, plea	ise call:	
	Cabrera	at (757	446-8544
Name of Cor			a Code and Day	time Telephone Number
Enclosed is a check t	for the following amou	unt:		
\$105.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status		.75 Filing Fees tified Copy	\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ions er Circle		Registration Division of P. O. Box 6	Corporations



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 25, 2010

LISA CABRERA, CORPORATE PARALEGAL VANDEVENTER BLACK LLP 101 W. MAIN STREET, 500 WORLD TRADE CTR NORFOLK, VA 23510

SUBJECT: S & S MANAGEMENT COMPANY

Ref. Number: W10000025450

We have received your document for S & S MANAGEMENT COMPANY and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P08000095246.

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 810A00013163

COVER LETTER

Tallahassee, FL 32301

TO:	Registration Section Division of Corporations				
SUBJ	ECT: S & S	MANAGEMENT	ENTERPRISES	, INC.	
		Name of Resulti	ing Florida Profit Corpora	tion	
conve			-	on, and fees are submitted to ration" in accordance with s.	
Please	e return all com	respondence concerni	ng this matter to:		
	Lisa Cat	orera, Corporate Par	alegal		
		Contact Person	_		
	Vai	ndeventer Black LLF	o		
		Firm/Company			
	101 W. Mair	n St., 500 World Tra	de Center		
		Address			
•	Norfolk	VA	23510		
	(City, State and Zip Code			
Е	-mail address: (to	be used for future annual	report notification)		
For fu	rther informati	ion concerning this ma	atter, please call:		
	Lisa	Cabrera	at (757)	446-8544	
	Name of Cor	ntact Person	_ \	rtime Telephone Number	
Enclo	sed is a check	for the following amo	unt:		
\$10	5.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	\$113.75 Filing Fees and Certified Copy	\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
Regist Divisi Clifton	TET ADDRES tration Section on of Corporat n Building Executive Cent	ions	Registration	Corporations 327	

Certificate of Conversion For "Other Business Entity" Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

•
1. The name of the "Other Business Entity" immediately prior to the filing of this Certific of Conversion is:
S & S MANAGEMENT COMPANY
Enter Name of Other Business Entity
2. The "Other Business Entity" is a CORPORATION (Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws ofVIRGINIA
(Enter state, or if a non-U.S. entity, the name of the country)
on JANUARY 14, 1987 .
Enter date "Other Business Entity" was first organized, formed or incorporated
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of Incorporation:</u>
S & S MANAGEMENT ENTERPRISES, INC.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is list
Page 1 of 2

Signe	d this	30 th day of	APRIL	, 20_10	
Required Signature for Florida Profit Corporation:					
Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Printed Name: RANDY SHAPIRO Title: PRESIDENT					
signati	Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]				
Printe	d Name: I	RANDY SHAPIRO	Title:	PRESIDENT	
Signat	ure:				
Printed	d Name:_		Title:		
Signat	ure:				
Printed	d Name:_		Title: _		
Signat	ure:				
Printed	i Name:_		Title: _		
		14-14-78-71-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
Printed	l Name:_		Title: _		
Signati	ure:				
If Flor	ida Gene	eral Partnership or Limi	ted Liability Partne	ership:	
Signati	ure of one	General Partner.			
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.					
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.					
All others: Signature of an authorized person.					
Fees:	Fees for Certified	ate of Conversion: Florida Articles of Incor I Copy: ate of Status:	\$ 8.75	(Optional) (Optional)	

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Best of the terretory and the property of the control of the control

ARTICLE I NAME

The name of the corporation shall be:

S & S MANAGEMENT ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

17380 DUNEDEN COURT BOCA RATON, FL 33496

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LAWFUL ACTIVITIES ALLOWED BY THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

5.000 COMMON

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

RANDY SHAPIRO-PRESIDENT, SECRETARY AND TREASURER 17380 DUNEDEN COURT BOCA RATON, FLORIDA 33496

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

RANDY SHAPIRO 17380 DUNEDEN COURT BOCA RATON, FL 33496

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

RANDY SHAPIRO 17380 DUNEDEN COURT BOCA RATON, FL 33496

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Stgnamur/Registered/Agent

Signature/Incorporator

Date 1/10

Date ′

SECRETARY OF STATE