

L17000093287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

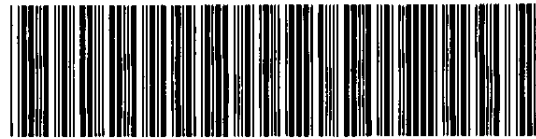
(Business Entity Name)

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17 APR 25 PM 3:57

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2017 APR 25 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. GOLDEN

APR 27 2017

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TRIPLE L TIMBERLAND 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:

CLAYTON TOUCHTON
Name of Person
SMITH, THOMPSON, SHAW, MINACCI, COLON & POWER, P.A.
Firm/Company
3520 THOMASVILLE RD, 4TH FLOOR
Address
TALLAHASSEE / FLORIDA 32309
City/State and Zip Code
cathomp@embarqmail.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

CLAYTON TOUCHTON 850 893-4105
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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION
OF
TRIPLE L TIMBERLAND, LLC**

FILED

2017 APR 25 PM 2: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **TRIPLE L TIMBERLAND, LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **MAILING ADDRESS OF BUSINESS.**

The mailing address of the business in Florida for the Company is 3470 Rustlewood Lane, Tallahassee, Florida 32312. Such address may be changed from time to time as provided in the Operating Agreement.

5. **ADDRESS OF PLACE OF BUSINESS.**

The street address of the place of business in Florida for the Company is: 3470 Rustlewood Lane, Tallahassee, Florida 32312. Such address may be changed from time to time as provided in the Operating Agreement.

6. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is: **LEX C. THOMPSON**; the initial, registered office is located at 6863 Proctor Road, Tallahassee, Florida 32309.

7. **MANAGEMENT.**

The name and address of the person authorized to manage and control the Limited Liability Company is as follows:

Lex C. Thompson
6863 Proctor Road
Tallahassee, Florida 32309

Thomas M. Larson
3470 Rustlewood Lane
Tallahassee, Florida 32312

EXECUTED at Tallahassee, Leon County, Florida this 25 day of April, 2017.



LEX THOMPSON

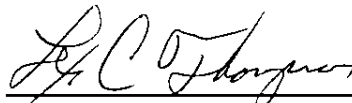
CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **Triple L Timberland, LLC**.
2. The name of the registered agent and office is: **LEX C. THOMPSON, 6863 Proctor Road, Tallahassee, Florida 32309.**

ACKNOWLEDGEMENT

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.



LEX C. THOMPSON, Registered Agent

FILED

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TALLAHASSEE, FLORIDA