L19000157883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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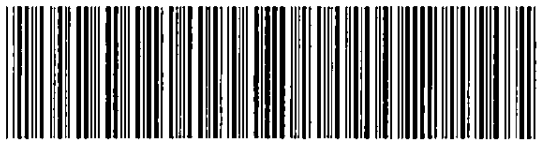

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03 APR 25 PM 2:10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jimica Jones
Name of Surviving Party

The enclosed Certificate of Merger and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jimica Jones
Contact Person

Triiple Success
Firm/Company

27552 CASHFORD CIRCLE #101
Address

Wesley Chapel Fl 33544
City, State and Zip Code

jones.jimica@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jimica Jones at (716) 310-9823
Name of Contact Person — Area Code — Daytime Telephone Number

☒ Certified copy (optional) $30.00

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E080 (2/20)

Articles of Merger
For
Florida Limited Liability Company

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each **merging** party are as follows:

Name	Jurisdiction	Form/Entity Type
JJ Notary Plus llc	Florida	LLC

SECOND: The exact name, form/entity type, and jurisdiction of the **surviving** party are as follows:

Name	Jurisdiction	Form/Entity Type
Triiple Success LLC	Florida	LLC

THIRD: The merger was approved by each domestic merging entity that is a limited liability company in accordance with ss.605.1021-605.1026; by each other merging entity in accordance with the laws of its jurisdiction; and by each member of such limited liability company who as a result of the merger will have interest holder liability under s.605.1023(1)(b).

FOURTH: Please check one of the boxes that apply to surviving entity: (if applicable)

☒ This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.

☐ This entity is created by the merger and is a domestic filing entity, the public organic record is attached.

☐ This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached.

☐ This entity is a foreign entity that does not have a certificate of authority to transact business in this state. The mailing address to which the department may send any process served pursuant to s. 605.0117 and Chapter 48, Florida Statutes is:

_____

_____

_____

FIFTH: This entity agrees to pay any members with appraisal rights the amount, to which members are entitled under ss.605.1006 and 605.1061-605.1072, F.S.

SIXTH: If other than the date of filing, the delayed effective date of the merger, which cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State:

_____

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

SEVENTH: Signature(s) for Each Party:

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
Jimica Jones		Jimica Jones

Corporations:	Chairman, Vice Chairman, President or Officer *(If no directors selected, signature of incorporator.)*
General partnerships:	Signature of a general partner or authorized person
Florida Limited Partnerships:	Signatures of all general partners
Non-Florida Limited Partnerships:	Signature of a general partner
Limited Liability Companies:	Signature of an authorized person

Fees:				
For each Limited Liability Company:	$25.00	For each Corporation:	$35.00
For each Limited Partnership:	$52.50	For each General Partnership:	$25.00
For each Other Business Entity:	$25.00	**Certified Copy (optional):**	$30.00

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2025
Secretary of State
8946288186CC

DOCUMENT# L19000157883

Entity Name: TRIIPLE SUCCESS LLC

Current Principal Place of Business:

27552 CASHFORD CIRCLE
#101
WESLEY CHAPEL, FL 33544

Current Mailing Address:

27552 CASHFORD CIRCLE
#101
WESLEY CHAPEL, FL 33544 US

FEI Number: 84-2228797

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JONES, JIMICA
4843 ROLLING GREENE
WESLEY CHAPEL, FL 33543 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JIMICA JONES 03/21/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	JONES, JIMICA
Address	4843 ROLLING GREENE
City-State-Zip:	WESLEY CHAPEL FL 33543

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JIMICA MATASHA JONES OWNER 03/21/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000091277

Entity Name: JJ NOTARY PLUS, LLC

Current Principal Place of Business:

27552 CASHFORD CIRCLE
#101
WESLEY CHAPEL, FL 33543

Current Mailing Address:

27552 CASHFORD CIRCLE
#101
WESLEY CHAPEL, FL 33543 US

FEI Number: 88-1100329

FILED
Aug 19, 2025
Secretary of State
2835883554CC

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, JIMICA
4843 ROLLING GREENE
WESLEY CHAPEL, FL 33543 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 6-14-2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title OWNER

Name JONES, JIMICA

Address 4843 ROLLING GREENE

City-State-Zip: WESLEY CHAPEL FL 33543

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JIMICA JONES OWNER 08/19/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date