

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : MONAHAN MIJARES CPA PA
 Account Number : I20050000157
 Phone : (305)407-1438
 Fax Number : (305)397-1003

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: patricia.ramos@mma.com.ve**FLORIDA PROFIT/NON PROFIT CORPORATION****Tripletol S Corporation**

Certificate of Status	0
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Corporate Filing Menu

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September 29, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MONAHAN MIJARES CPA PA

SUBJECT: THE 3 S CORPORATION
REF: W15000064605

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list at least one incorporator with a complete business street address.

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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6052.

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H15000232454
Letter Number: 315A00020486

P.O BOX 6327 - Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 SEP 29 PM 2:19

FILED

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Tripletol S Corporation

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Monahan Mijares CPA, PA

Name (Printed or typed)

75 Valencia Avenue Ste 703

Address

Coral Gables, FL 33134

City, State & Zip

305 407 1440

Daytime Telephone number

patricia.ramos@mna.com.ve

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Tripletol S Corporation**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
75 Valencia Avenue Suite 703Coral Gables, FL 33134

Mailing address, if different is:

75 Valencia Avenue Suite 703Coral Gables, FL 33134**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

Coaching services, sales and marketing consulting and any other lawful business**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Jesus O Toledo Lopez- President, Trea.Address 75 Valencia Avenue Ste 703Coral Gables, FL 33134Name and Title: Ivet J. Acosta Guarinapa- Vo and Sec.Address: 75 Valencia Avenue Ste 703Coral Gables, FL 33134

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Roark R Monahan CPA
Address: 75 Valencia Avenue Ste 703
Coral Gables, FL 33134

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Roark R Monahan
Address: 75 Valencia Avenue Ste 703
Coral Gables, FL 33134

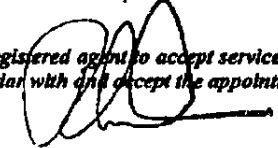
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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.

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



Required Signature/Registered Agent09/29/15
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator09/29/15
Date