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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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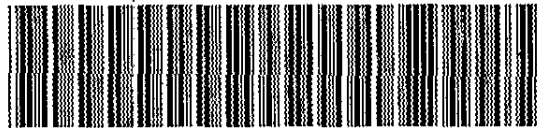
(Business Entity Name)

(Document Number)

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04 AUG 12 AM 10:18  
DIVISION OF CORPORATE AFFAIRS  
STATE OF TEXAS

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRIPLE THREAT ENTERPRISES, 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:

Carrie Phipps  
(Name of Person)

(Firm/Company)

1032 SW Poplar Court  
(Address)

Palm City, FL 34990  
(City/State and Zip Code)

For further information concerning this matter, please call:

Carrie Phipps at (772) 221-0489  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Triple Threat Enterprises, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

1032 SW Poplar Ct  
Palm City, FL 34990

**Mailing Address:**

1032 SW Poplar Ct  
Palm City, FL 34990

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Carrie Phipps  
Name

1032 SW POPLAR COURT

Florida street address (P.O. Box **NOT** acceptable)

Palm City FLORIDA 34990  
City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..*

Carrie Phipps  
Registered Agent's Signature

04 APR 2010 10:18  
CLERK OF CIRCUIT COURT  
DIVISION OF CLERK OF CIRCUIT COURT

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Carrie Phipps  
1032 SW Poplar Court  
Palm City, FL 34990

MGRM

William Phipps  
1032 SW Poplar Court  
Palm City, FL 34990

\_\_\_\_\_

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\_\_\_\_\_

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CARRIE PHIPPS  
Typed or printed name of signee

04 AUG 12 AM 10:18

SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)