

W05000029734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

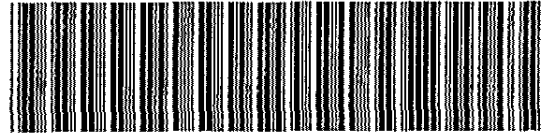
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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W05-29734  
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRITON PARTNERS SOUTH, 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:

ANNE HAZEN

(Name of Person)

(Firm/Company)

620 SUPERIOR AVE

(Address)

TAMPA FL 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

ANNE HAZEN

(Name of Person)

at (813) 254-2723

(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)

**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

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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JAN 15 PM 2:18  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
Triton Partners South, LLC

**SECOND:** The articles of organization or the application to transact business

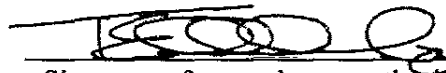
**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
The incorrect statement is that Lance Lansrud, 3125 Villa Rosa, Tampa, Florida  
33611 is a Managing Member of the Company. Lance Lansrud is not a  
Managing Member, a Member, a Manager or in anyway whatsoever affiliated or  
associated with the Company. The name of Lance Lansrud was included in  
error and is hereby deleted from the Articles of Organization.

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:

Dated: April 8 2005



Signature of a member or authorized representative of a member

Thomas Alho, Managing Member

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Triton Partners South, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

620 Superior Ave  
Tampa, FL 33606

**Mailing Address:**

620 Superior Ave.  
Tampa, FL 33606

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2006 MAR 24 PM 2:47  
DIV. OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

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

Lee Wilcher

Name

3810 Bay To Bay Blvd.

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

Tampa, FL 33629

FL

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, F.S..*



Registered Agent's Signature

(CONTINUED)

**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

ANNE HAZEN  
620 SUPERIOR AVE  
TAMPA, FL 33606

MGRM

THOMAS ALHO  
226 So. TAMPAIA Av  
TAMPA, FL 33609

MGRM

LANCE LANSRUD  
3125 VILLA ROSA  
TAMPA, FL 33611

(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.)

THOMAS ALHO  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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