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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	

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JIVISION OF CONFORALION



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Triple R Well & Pump "L C" (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:
Ronald Brooke (Name of Person)
Triple R well & Pump (Firm/Company)
· · · · · · · · · · · · · · · · · · ·
8733 Batei Rd PBG. (Address)
Palm Beach Carderic FLA, 334/80 (City/State and Zip Code)
(City/State and Zip Code)
(
For further information concerning this matter, please call:
Runald Brooke at 561 310 -8448 & F
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	e:
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The name of the Limited Liability Company is:

Tv.ple R well & Punp L C'
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

8133 Bades Kd 873	33 Bales Kil
Palm Beich Garden's Pale	~ Beach Gerdin
FLA 33418 FL	4 33418
·	
ARTICLE III - Registered Agent, Registered Office, &	k Registered Agent's Signature: 🝃 💈
(The Limited Liability Company cannot serve as its own Registered Agent.) business entity with an active Florida registration.)	Registered Agent's Signature: You must designate an individual or another Registered Agent's Signature:
The name and the Florida street address of the registered a	
Runald Brown	~
Name	0R 8:
8733 Bates Rd	84 ************************************
Florida street address (P.O. B	Box <u>NOT</u> acceptable)
Palm Beach Crading 3	3418
City State and Zin	

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

The name and address of each Mar	ager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
merm	Ronald Browne 8733 Bates Rd. PBG. FL 33418
mGR	12189 Colony the Like Park Bandy Brooke
jn GR	Ranky Brocke 12189 Chay Ave Lake Park PL 33410
(Use attachment if necessary) ARTICLE V: Effective date, if other than the second content of the second conte	he date of filing: (OPTIONAL)
(If an effective date is listed, the date must to or 90 days after the date of filing.)	be specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a mem	A Buck. Ther or an authorized representative of a member.
(In accordance with of this document couthat the facts state	section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury d herein are true.)

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

20mild

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee