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SECRETARY OF STATE TALLAHASSEE FLORIDA





COVER LETTER

Division of Co			
SUBJECT: Triple	G Properties LLC		
SOBOLET.		ed Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing	
	ondence concerning this matter	-	
•	•	or to the tone wing.	
Glynis Ro	ss-Munro		
	(Name of Person)	
Triple G F	Properties LLC		
		(Firm/Company)	
6020 Cat	lin Dr		
		(Address)	_
Tampa, f	FL 33647		
		/State and Zip Code)	
For further information	concerning this matter, please	call:	
Hilton Ross-Mu		at (813) 598-916 (Area Code & Daytime T	80
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or 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)
	Mailing Address Description Section	Street/Courier Addres	<u>ss</u>

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Triple G Properties LLC	
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6020 Catlin Dr	6020 Catlin Dr
Tampa, FL	Tampa, FL
33647	33647
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register	
business entity with an active Florida registration.)	to Agent. For must designate an motivious of shother
The name and the Florida street address of the re	gistered agent are:
	gistered agent are.
Glynis Ross-Munro	
Name	
6020 Catlin Dr	
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)
Tampa,	FL 33647
City, State, an	d Zip
Having been named as registered agent and to a	ecept service of process for the above stated limited
liability company at the place designated in the	is 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 per	formance of my duties, and I am familiar with and
accept the obligations of my position as regist	ered agent as provided for in Chapter 608, F.S
-///	
9/m// _	
Registered Agent's Signatur	re (REOUIRED)
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Page 1 of 2	

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

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

"MGR" = Ma		and Address:
"MGKM" = N	lanaging Member	
MGRM	Glynis (Gail Ross-Munro
	6020 Ca	
	Tampa,	FL 33647
MGRM	Grace V	Vendling
		entress Court
		FL 33647
MGRM	George	David Curtin
		mber Trace Dr
	Wesley	Chapel, FL 33543
<i>.</i>		
LE V: Effecti		: (OPTIONAL
CLE V: Effecti ffective date is days after the	ve date, if other than the date of filing listed, the date must be specific and date of filing.)	: (OPTIONAL d cannot be more than five business days
CLE V: Effecti ffective date is days after the	ve date, if other than the date of filing listed, the date must be specific and date of filing.) SIGNATURE:	
CLE V: Effecti ffective date is days after the	ve date, if other than the date of filing listed, the date must be specific and date of filing.) SIGNATURE:	d cannot be more than five business days
CLE V: Effecti ffective date is days after the	ve date, if other than the date of filing listed, the date must be specific and date of filing.) SIGNATURE: Signature of a member or an author	d cannot be more than five business days
CLE V: Effecti ffective date is days after the	ve date, if other than the date of filing listed, the date must be specific and date of filing.) SIGNATURE:	rized representative of a member.), Florida Statutes, the execution ation under the penalties of perjury
CLE V: Effecti ffective date is days after the	ve date, if other than the date of filing listed, the date must be specific and date of filing.) SIGNATURE: Signature of a member or an author (In accordance with section 608.408(3 of this document constitutes an affirm	rized representative of a member.), Florida Statutes, the execution ation under the penalties of perjury

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)