

LD6000086008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

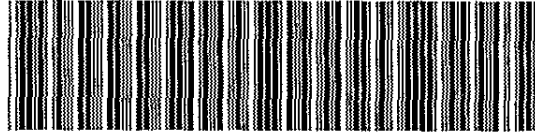
LD6-86008

(Document Number)

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06 SEP 12 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan NOV 7-2006



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2006

LAWRENCE KRAMER
3459 NE 163RD STREET
NORHT MIAMI BEACH, FL 33160

SUBJECT: TROIKA TRIPLE PLAY LLC
Ref. Number: L06000086008

We have received your document for TROIKA TRIPLE PLAY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong form was completed.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 706A00055751

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TROIKA TRIPLE PLAY LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAWRENCE KRAMER
(Name of Person)

TROIKA TRIPLE PLAY, LLC
(Firm/Company)

3447 NE 163rd Street
(Address)

NORTH MIAMI BEACH, FL 33160
(City/State and Zip Code)

For further information concerning this matter, please call:

MELANIE SOTO at (305) 944-9961
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**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: TROIKA TRIPLE PLAY LLC

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

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

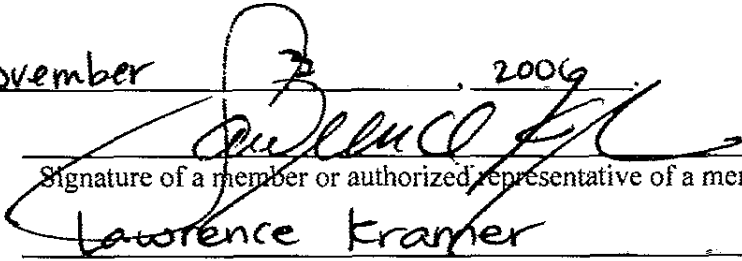
- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
There is only two managing members for the limited liability company. Please eliminate David Wollach from the list of Managing Members, he is not one.

OR

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

FILED
06 SEP 12 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated: November 7, 2006


Signature of a member or authorized representative of a member

Lawrence Kramer

Typed or printed name of signee

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

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L06000086008
FILED 8:00 AM
August 31, 2006
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:

TROIKA TRIPLE PLAY LLC

Article II

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

3459 NE 163RD STREET
NORTH MIAMI BEACH, FL. US 33160

The mailing address of the Limited Liability Company is:

3459 NE 163RD STREET
NORTH MIAMI BEACH, FL. US 33160

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

LAWRENCE M KRAMER
3407 NE 168TH ST
NORTH MIAMI BEACH, FL. 33160

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.

Registered Agent Signature: LAWRENCE M. KRAMER

Article V

The name and address of managing members/managers are:

Title: MGRM
LAWRENCE M KRAMER
3407 NE 168TH STREET
NORTH MIAMI BEACH, FL. 33160 US

Title: MGRM
THOMAS F WEISZ
20201 COUNTRY CLUB DR
AVENTURA, FL. 33180 US

Title: MGRM
DAVID WOLLACH
3459 NE 163RD STREET
NORTH MIAMI BEACH, FL. 33160 US

Article VI

The effective date for this Limited Liability Company shall be:

08/31/2006

Signature of member or an authorized representative of a member

Signature: LAWRENCE M. KRAMER

L06000086008
FILED 8:00 AM
August 31, 2006
Sec. Of State
nculligan