

L060000086334

Triple - C System
(Requestor's Name)

6109 County Line Road
(Address)

Spring Hill, FL 34606
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

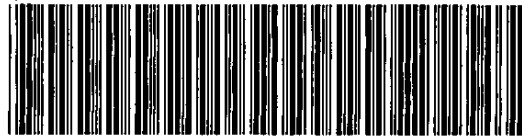
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

09/01/06

MS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I:

NAME: THE NAME OF THE LIMITED LIABILITY COMPANY IS:

TRIPLE C SYSTEM L.L.C.

ARTICLE II:

ADDRESS: THE MAILING ADDRESS AND STREET ADDRESS OF THE
PRINCIPAL OFFICE OF THE LIMITED LIABILITY COMPANY IS ;

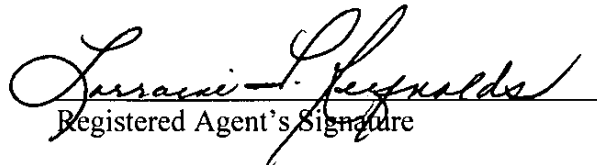
**6109 COUNTY LINE ROAD
SPRING HILL, FL 34606**

ARTICLE III:

REGISTERED AGENT, REGISTERED OFFICE, AND SIGNATURE;
THE NAME AND FLORIDA ADDRESS OF THE REGISTERED AGENT ARE;

LORRAINE F. REYNOLDS
4377 COMMERCIAL WAY
301
SPRING HILL, FL 34606-1963

Having been named as registered agent and to accept service of process for the above limited liability company at the place designated in this certificate, I hereby accept 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

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ARTICLE IV:

MANAGER: THE NAME AND ADDRESS OF EACH MANAGER IS AS FOLLOWS:

TITLE

NAME & ADDRESS

MGR

BRIAN CRAIN
6109 COUNTY LINE ROAD
SPRING HILL, FL 34606

ARTICLE V:

EFFECTIVE DATE, SEPTEMBER 1, 2006

 8-29-06
BRIAN CRAIN DATE

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