## L07000038410

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
•	·	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	





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## COVER LETTER

Division of Co				
SUBJECT: T	ripletail, LLC			
5000001,		d Liability Company)	<u> </u>	
The enclosed Articles	of Organization and fee(s) are so	abmitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
Brian A. E				
	·	Name of Person)		
Murray M	urphy Moul + Basi			
	(	Firm/Company)		S.4
1533 Lal	ke Shore Drive			SECR
		(Address)		AHASSI
Columbu	ıs, Ohio 43204			, I , v
	(City	/State and Zip Code)		
For further information	concerning this matter, please	cali:		1:25 STATE ORIDA
Brian A. Basil		at (614 ) 488-040	00	
(Nam	e of Person)	(Area Code & Daytime Te	elephone Number)	
Enclosed is a check f	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing D Certificate of Status Certified Copy (additional copy is enoted	s &
	Malling Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the	Limited Liability	Company is:	
Tripletail, LLC		Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
(Must end with the w	ords "Limited Lizhinty (	.ompany, Limited Company of their abbreviation LDC, of L.C., )	
ARTICLE II -	Address:		
The mailing add	fress and street add	ress of the principal office of the Limited Liability Company is:	
Principal Offic	e Address:	Mailing Address:	
261 7th Avenue N	Vorth	261 7th Avenue North	
Naples, FL 3410	2	Naples, FL 34102	
(The Limited Liabilit		>n <b>≥</b> n <b>≥</b> n	CESTURE Se
The name and the	he Florida street ad		Taken .
	Phil Harris	SEE SEE	
		Name To The Table 1	. 5
261 7th Avenue North		iue North	
	F	lorida street address (P.O. Box NOT acceptable)	
	Naples	FL 34102	
		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 (REQUIRED)

(CONTINUED) 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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Phil Harris 261 7th Avenue North Naples, FL 34102 MGR Sean McDovitt 491 Terracina Way Naples, FL 34119 (Use attachment if necessary)

**REQUIRED SIGNATURE:** 

to or 90 days after the date of filing.)

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(OPTIONAL)

(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.)

Phil Harris

ARTICLE V: Effective date, if other than the date of filing:

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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