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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314
850-487-6051

SUBJECT: TRIPLE R, LLC.

Enclosed are an original and one copy of the articles of Organization For Florida Limited Liability Company.

FROM: ROBERT C. HECKMAN, SR.
1224 GARDENIA DRIVE
BAREFOOT BAY, FLORIDA 32976
772-664-0306

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07 OCT 19 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2007

ROBERT C HECKMAN, SR.
1224 GARDENIA DRIVE
BAREFOOT BAY, FL 32976

SUBJECT: TRIPLE R, LLC
Ref. Number: W07000049457

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for TRIPLE R, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 107A00058365

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-Name:

The name of the Limited Liability Company shall be: ~~TRIPLER, LLC.~~

THE NEW NAME SHALL BE: - TRIPLE R-H ENTERPRISES, LLC.

ARTICLE II-Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1224 GARDENIA DRIVE, BAREFOOT BAY, FLORIDA 32976

ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature:

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

ROBERT C. HECKMAN, SR.
1224 GARDENIA DRIVE
BAREFOOT BAY, FLORIDA 32976

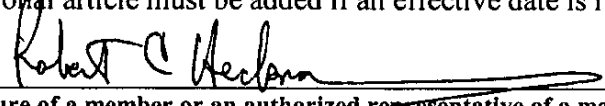
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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..


ROBERT C. HECKMAN, SR.

ARTICLE IV- Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager- managed company.

(An additional article must be added if an effective date is requested)


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

(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.)

ROBERT CHARLES HECKMAN SR

Typed or printed name of signee

FILING FEES:

- \ \$100.00 Filing Fee for Articles of Organization
- \ \$25.00 Designation of Registered Agent
- \$30.00 Certified Copy (Optional)
- \ \$5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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