# 10900019796

(Requestor's Name)		
(Address)		
(Address)		
,		
(City (Chata (Zin (Dhana 40)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
, ,		
(Document Number)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Special field and the second		
•		

Office Use Only

effective date 2/23/09



600144386466

02/26/09--01014--019 \*\*130.00

O9FEB 26 PH 2: 56

D. BRUCE

FEB 27 2009

**EXAMINER** 

# **COVER LETTER**

TO: Registration Section (1) To Division of Corporations	
SUBJECT: Triple H Do	Liability Company)
The enclosed Articles of Organization and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matter	to the following:
Eric P Har	nel
()	lame of Person)
(I	Firm/Company)
11101 Musta	ng Street
	ma y
Boca Rator	V FL 33478 音音
(City/	State and Zip Code)  HE RESERVED
For further information concerning this matter, please	call:
Eric P Hamel (Name of Person)	at (954) 328-688 EST 22 (Area Code & Daytime Telephone Number 5
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32314

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:			
Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")		_	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited L	Liability (	Comp	any is
Principal Office Address:  Mailing Address:			
11101 Mustana Street Boca Raton FL 33428	·		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indibusiness entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:	INTERPRETARY OF STATE ST	in 199 FEB 26 PH 2: 56	
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept registered agent and agree to act in this capacity. I further agree to comply with the proper and complete performance of any division and I	the appoi th the pro	intmei ovisioi	nt as ns of ai

d11 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Eric P Hamel 11101 Mustang Street Boca Raton FL 33428
<u> </u>	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \( \frac{700}{200} \) (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

### **REQUIRED SIGNATURE:**

### 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)