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B. KOHR

APR - 8 2009

EXAMINER

O9 APR -8 AM 9: 15

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Triple Threat Manage	ement Group LLC
(Name of Limite	d Liability Company)
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matter	er to the following:
Scott Landry	
Ó	Name of Person)
Triple Threat Man	agement Group (Firm/Company)
12404 Partridge Hill	ROW (Address)
Hudson, FL 34667	/State and Zip Code)
· •	•
For further information concerning this matter, please	caii:
Scott Landry	at (_727) 364-6176
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee & [Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 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:
Triple Threat Management Group LLC
(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 Liability Company is:

Principal Office Address:	Mailing Address:
12404 Partridge Hill Row	12404 Partridge Hill Row
Hudson, FL 34667	Hudson, FL 34667
	rered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
Scott Landry	E CEO
	lame Fill Dow
12404 Partridg	
Florida stre	et address (P.O. Box NOT acceptable)
Hudson	_{FL} 34667
City, S	tate, 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: "MGR" = Manager	Name and Address:
"MGRM" = Managing Membe	:r
MGR	Scott Landry 12404 Partridge Hill Row Hudson, FL 34667
MGR	Robert Freeman 11/03 Joy Lane Hudson, PL 3467
MGR	Alex Wadsworth PSC 103 ACC Af0, AE 09603
(Use attachment if necessary)	
	nan the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days p
REQUIRED SIGNATURE:	
S.A	member or an authorized representative of a member.
(In accordance	with section 608.408(3), Florida Statutes, the execution nt constitutes an affirmation under the penalties of perjury

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)

Scott Landry

that the facts stated herein are true.)

Typed or printed name of signee