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(Address)

(City/State/Zip/Phone #)

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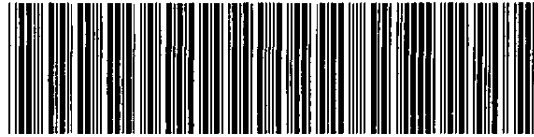
Special Instructions to Filing Officer:

A. LUNT

APR 16 2009

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Triple 777's, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Wayne Bontwright
(Name of Person)

(Firm/Company)

2209-A 2nd Loop Rd.
(Address)

Florence, SC 29501
(City/State and Zip Code)

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For further information concerning this matter, please call:

John Wayne Bontwright at (843) 661-7907
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, 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 777's, LLC

ARTICLE II -Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2209-A 2nd Loop Road
Florence, South Carolina 29501

Mailing Address:

2209-A 2nd Loop Road
Florence, South Carolina 29501

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The Name and the Florida street address of the registered agent is:

Kimberly E. Story

Name

1500 Calming Waters Drive, Unit 2803

Florida Street Address (P.O. Box **NOT** acceptable)

Fleming Island, Florida 32003

City, State, 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)

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ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

President

John Wayne Boatwright
2209-A 2nd Loop Road
Florence, South Carolina 29501

Sec. Treasurer

Johnny Jackson, Jr.
904 S. Cashua Drive
Florence, South Carolina 29501

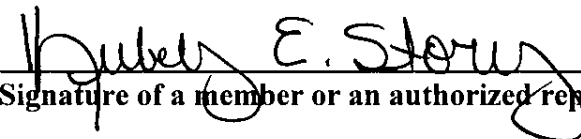
MGR

Kimberly E. Story
1500 Calming Waters Drive, Unit 2803
Fleming Island, Florida 32003

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 17, 2009. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five (5) business days prior to or ninety (90) days after the date of filing.)

REQUIRED SIGNATURE:



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.)

Kimberly E. Story

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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