

L09000123132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600163909286

12/30/09--01007--017 **125.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
09 DEC 30 AM 11:57

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC 30 PM 2:25

B. KOHR

DEC 30 2009

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

TRIPLE CANOPY RANCH, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC 30 PM 2:25

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: SETH 12/30/09 11:00
 Name Date Time

Walk-In _____ Will Pick Up _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC 30 PM 2:25

ARTICLES OF ORGANIZATION
OF
TRIPLE CANOPY RANCH, LLC

ARTICLE I - NAME

The name of the limited liability company is TRIPLE CANOPY RANCH, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

603 Sixth Street, NW
Winter Haven, Florida 33881

Mailing Address:

603 Sixth Street, NW
Winter Haven, Florida 33881

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

STEVEN TRINKLEIN
603 Sixth Street, NW
Winter Haven, Florida 33881

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..



STEVEN TRINKLEIN

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGMR

Steven Trinklein
603 Sixth Street, NW
Winter Haven, Florida 33881

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.)

STEVEN TRINLEIN

Typed or printed name of signee