

L110000051462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

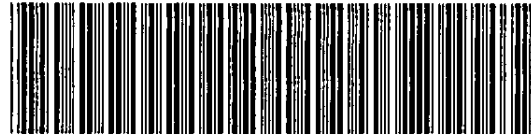
Special Instructions to Filing Officer:

L. SELLERS

MAY - 2 2011

EXAMINER

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04/28/11--01004--007 **155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 28 PM 4:45

FILED

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **TRIPLE POINT MANAGEMENT, 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:

EDWARD J. HOWIE

Name of Person

TRIPLE POINT MANAGEMENT, LLC

Firm/Company

7505 WATERS AVENUE, SUITE C7

Address

SAVANNAH, GEORGIA 31406

City/State and Zip Code

EHOWIE@FLORIDELCORP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWARD J. HOWIE

Name of Person

at (**912**) **352-8100**

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 POINT MANAGEMENT, 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:

874 MILLS ESTATE PLACE
CHULUOTA, FLORIDA 32766

Mailing Address:

7505 WATERS AVENUE, SUITE C7
SAVANNAH, GEORGIA 31406

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 are:

MICHAEL CONTRERAS

Name

1876 GENOVA ROAD

Florida street address (P.O. Box **NOT** acceptable)

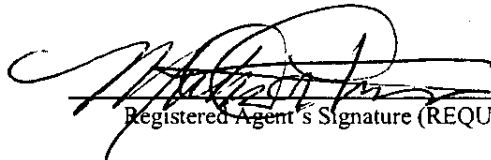
OVIEDO

FL

32765

City, State, 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)

FILED
11 APR 28 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

MGRM

STEVE RUFF

874 MILLS ESTATE PLACE

CHULUOTA, FLORIDA 32766

MGRM

RAM REDDY

9013 SOUTHERN BREEZE DRIVE

ORLANDO, FLORIDA 32836

MGRM

EDWARD J. HOWIE

115 COMPANION WAY

SAVANNAH, GEORGIA 31419

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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:



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

EDWARD J. HOWIE

Typed or printed name of signer

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)