

L11000654496

(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



100207436461

05/12/11--01024--023 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 12 PM 12:09

T. HAMPTON

MAY 18 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tripple T M.H.P., LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

MICHAEL G. ANDONIADES

Name of Person

Firm/Company

175 US ALT. 19 SOUTH

Address

PALM HARBOR FL 34683

City/State and Zip Code

mikeandon1@aol.com

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

For further information concerning this matter, please call:

Jason Goldstein

Name of Person

at (727)

384-2111

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is: TRIPPLE T M.H.P., LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The MGMR should be changed to MICHAEL G. ANDONIADES. The middle
initial was inadvertently left out when the initial articles were filed.

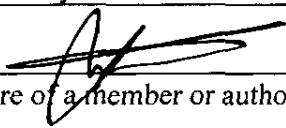
CORRECT NAME OF COMPANY IS: TRIPLE T M.H.P., LLC

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: May 10, 2011



Signature of a member or authorized representative of a member

Jason Goldstein

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L11000054496
FILED 8:00 AM
May 09, 2011
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:

TRIPPLE T M.H.P., LLC

Article II

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

175 US ALT. 19 SOUTH
PALM HARBOR, FL. 34683

The mailing address of the Limited Liability Company is:

175 US ALT. 19 SOUTH
PALM HARBOR, FL. 34683

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

JASON GOLDSTEIN
7601 59TH AVE NORTH
ST. PETERSBURG, FL. 33710

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.

Registered Agent Signature: JASON GOLDSTEIN

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 12 PM 12:09

Article V

The name and address of managing members/managers are:

Title: MGRM
MICHAEL ANDONIADES
175 US ALT. 19 SOUTH
PALM HARBOR, FL. 34683

L11000054496
FILED 8:00 AM
May 09, 2011
Sec. Of State
thampton

Signature of member or an authorized representative of a member

Electronic Signature: MICHAEL ANDONIADES

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 12 PM 12:09