

L11000110681

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000235475 3)))



H110002354753ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : FASTKIT CORP
Account Number : 120100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 SEP 27 AM 7:35

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
11 SEP 27 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDAFLORIDA LIMITED LIABILITY CO.
TRIPLE LI OF OCALA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

C. LEWIS

SEP 28 2011

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

2011 SEP 27 AM 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY
OF
TRIPLE LI OF OCALA, LLC**

ARTICLE I.

NAME

The name of the Limited Liability Company is:

TRIPLE LI OF OCALA, LLC

ARTICLE II.

ADDRESS OF PRINCIPAL OFFICE IN THIS STATE

The initial street and mailing address of the principal office of this Limited Liability Company in the State of Florida is:

2711 SW 27th Avenue

Ocala, FL 34471

ARTICLE III.

NAME OF REGISTERED AGENT, REGISTERED OFFICE, AND

REGISTERED AGENT'S SIGNATURE

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

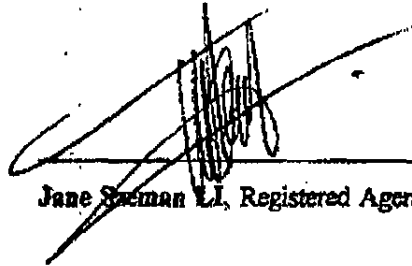
Jane Szeman LI

2711 SW 27th Avenue

Ocala, FL 34471

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.



Jane Sherman LL, Registered Agent

9/24/2011
Date

FILED
2011 SEP 27 AM 7:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2011 SEP 27 AM 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV.

MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ARTICLE V.

INITIAL MANAGER(S)

The name(s) and address(es) of initial Manager(s) is(are):

Jane Szeman LI

2711 SW 27th Avenue, Ocala, FL 34471

In accordance with Section 608.403(3), Florida Statutes, the execution of this document constitutes and affirmation under the penalties of perjury that the facts stated here are true.



Jane Szeman LI, Manager

9/24/2011

Date