

L11000140229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

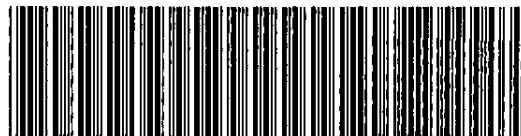
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W11000061051

Office Use Only



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12/05/11--01028--015 **130.00

FILED

11 DEC -15 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 14 2011

EXAMINER

EFFECTIVE DATE 12/01/11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2011

DENNIS CURCIO
403 W. MINNESOTA AVE
DELAND, FL 32720

SUBJECT: TRIPLE DIAMOND "LLC"
Ref. Number: W11000061051

FILED
11 DEC -5 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for TRIPLE DIAMOND "LLC" and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 111A00027261

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Triple Diamond

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:

Dennis Curcio

Name of Person

Firm/Company

403 W. Minnesota ave

Address

DeLand, FL, 32720

City/State and Zip Code

curcio53@aol.com

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

For further information concerning this matter, please call:

Dennis Curcio

Name of Person

at (386) 956-0093

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

FILED
11 DEC -5 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Triple Diamond "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:

403 W Minnesota Ave
DeLand, FL, 32720

Mailing Address:

403 W. Minnesota ave
DeLand, FL, 32720

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:

Dennis Curcio

Name

403 W. Minnesota ave

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

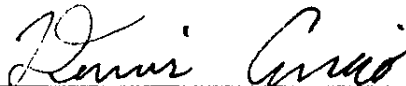
DeLand

FL 32720

City, State, and Zip

FILED
11 DEC -5 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

EFFECTIVE DATE 12/01/11

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

Dennis Curcio

403 W. Minnesota Ave

Deland, FL 32720

MGR

Laura Curcio

403 W. Minnesota Ave

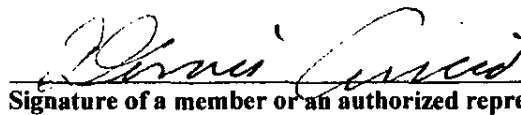
Deland, FL 32720

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/01/2011 (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.)

Dennis Curcio

Typed or printed name of signee

STATE OF FLORIDA
TALLAHASSEE

11 DEC - 11:01

FILED

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)