# 112000015205

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



500215637265

01/03/12--01008--017 \*\*125.00

12 JAN 30 PH 12: 21

B. BOSTICK
FEB - 1 2012

**EXAMINER** 

# **COVER LETTER**

**Registration Section** 

Division of (	Corporations		
SUBJECT:		Vention hid. k	<del>kc</del> →
	Name of Limited	Liability Company	
The enclosed Articles	s of Organization and fee(s) are su	bmitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	WANDA Sexto	lome of Person	
	_	_	
	Paper Chase	ACCOUNTING Cirm/Company	
	13310 N 5614	Street Address	
	Temple Terra	ce, Florida.	33617
	F Se X to 1 @ TAA E-mail address; (to be used for	future annual report notification)	M A
	·	,	
WANDA	on concerning this matter, please concerning the concerning this matter than the concerning the conce	at ( <u>8/3</u> ) 983 - C	1995 Tr. To 1
Nan	ne of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check	for the following amount:		2: 25 JATE ORIDA
	\$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	Street/Courier Address Registration Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A D'	TICL	FI	_ N	am	۵.
AK	$\mathbf{I}$	/C I	- 17	am	u.

The name of the Limited Liability Company is:

Triple Threat Endeavors LLC."

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

## **ARTICLE II - Address:**

**Principal Office Address:** 

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

8614 MINAMAN Townice Circle	8614 MIVAMAY TOVACE CICLO
	Temple Terrace, F133617

Mailing Address:

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:

Reginald K Coonce 5r.

Name

8614 MIFAM AF Terrace Circle

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

Temple Terrace 33617

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)

## 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" = Manager	Name and Address:
"MGRM" = Managing Member  YM 4 Na ging Member	Reginald K COONCE Jr. 86/4 MIVAMAY TEXTACE CIUCLE Temple Terrace, F133637
Member	arthur L. Willans III 6405 SAtinwood WAY Tenple Terricy F1 33637
(Use attachment if necessary)	

(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.)

Reginald K. Coonce Typed or printed name of signee

#### 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)

Page 2 of 2



# FLORIDA DEPARTMENT OF STATE Division of Corporations

January 12, 2012

WANDA SEXTON 13310 N 56TH STREET TEMPLE TERRACE, FL 33617

SUBJECT: DIVINE INTERVENTION LTD., LLC

Ref. Number: W12000000839

We have received your document for DIVINE INTERVENTION LTD., LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L11000007760

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) 245-6028.

Barbara Bostick Regulatory Specialist II

Letter Number: 412A00000904



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 5, 2012

WANDA SEXTON
PAPER CHASE ACCOUNTING
13310 N. 56TH STREET
TEMPLE TERRACE, FL 33617

SUBJECT: DIVINE INTERVENTION LTD., LLC

Ref. Number: W12000000839

We have received your document for DIVINE INTERVENTION LTD., LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "LTD." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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) 245-6028.

Barbara Bostick Regulatory Specialist II

Letter Number: 912A00000319