

L12000031774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

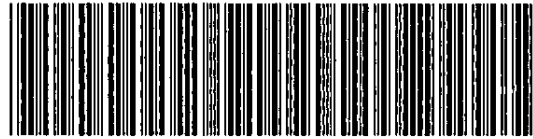
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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T. CLINE
MAR - 6 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRIPLE T SOLUTIONS, 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:

KYLIE KEARNS

Name of Person

YOUR ENTITY SOLUTION, LLC

Firm/Company

6440 SKY POINTE DR., STE 140-106

Address

LAS VEGAS, NV 89131

City/State and Zip Code

THEBESTIN6@GMAIL.COM

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

For further information concerning this matter, please call:

KYLIE KEARNS

Name of Person

at (**702**) **506-0197**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

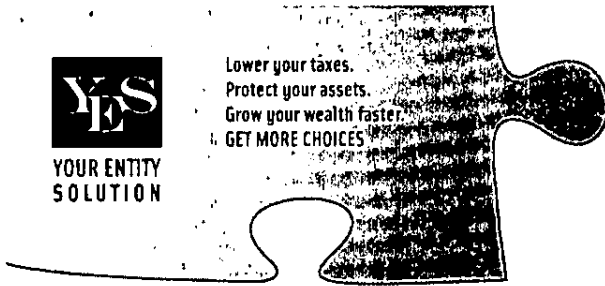
- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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TALLAHASSEE, FLORIDA

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Your Entity Solution, LLC
6440 Sky Pointe Drive, Suite 140-106
Las Vegas, NV 89131

Direct (702) 506-0190
Fax (815) 301-3015

February 28, 2012

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Madam or Sir,

Enclosed please find check number 6544 in the amount of \$125.00 for our Articles of Organization. Also enclosed is an extra copy of the Articles of Organization.

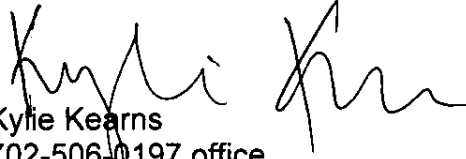
Please mail the Filed Stamped Copy of our Document to the following address:

**Your Entity Solution, LLC
6440 Sky Pointe Dr Ste 140-106
Las Vegas NV 89131**

Thank you for your time and consideration.

Sincerely,

Your Entity Solution, LLC


Kylie Kearns
702-506-0197 office
702-938-7280 facsimile
Kylie@yourentitysolution.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRIPLE T SOLUTIONS, 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:

Mailing Address:

141 CINNAMON ST
MIDDLEBURG, FL 32068

141 CINNAMON ST
MIDDLEBURG, FL 32068

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:

WINNIE ELIZABETH J. MCKENZIE

Name

141 CINNAMON ST

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

MIDDLEBURG FL 32068

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..

Winnie Elizabeth J. McKenzie
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

MGR

WINNIE ELIZABETH J. MCKENZIE

141 CINNAMON ST

MIDDLEBURG, FL 32068

MGR

JOHN R. MCKENZIE, JR.

141 CINNAMON ST

MIDDLEBURG, FL 32068

(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:

Winnie Elizabeth J. McKenzie

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.)

WINNIE ELIZABETH J. MCKENZIE

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)

2012 MAR -5 10:11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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