L13000040243

(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	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:				
<u> </u>				

Office Use Only



700245569157

03/15/13--01009--007 **125.00

2013 MAR 15 M D: 4
SECRETARY OF STAT

MAR 1 8 2013 T CLINE

COVER LETTER

то:	Registration Section Division of Corporations			
SUBJECT: Triton Ta HOO Name of Limited Liability Company				
The enc	closed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
	Leah Silver			
	Name of Person			
Triton Tattoo				
-	14543 Horseshoe trace			
Wellington, Plovida 33414				
Wellington, Florida 33414 City/State and Zip Code Leah MARIE SILVER @ BMAIL. COM 5 E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Le	Whame of Person at (SU) 707-3464 STATES Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:				
\$125.0	O0 Filing Fee Scritificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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 Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Triton Tattoo (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Triton Tattoo 9092 Hwy AlA ALT suite#1 North Palm Beach, FL. 33403 ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
Wellington	egistered agent are: OF TOP TO TO TOP TO TO
liability company at the place designated in the registered agent and agree to act in this capaci	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of a performance of my duties, and I am familiar with

egistered Agent's Signature (REQUIREL

(CONTINUED)

and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Leah Silver 14543 Horseshoe trace 148114
mgr	MARC REYNOLDS 13/27 107th St. N. West Palm Brach, Fl. 334/2
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of the date must be	te of filing March 1, 2013. TOPTIONAL) specific and cannot be more than five business days
rior to or 90 days after the date of filing.)	SSEE T
REQUIRED SIGNATURE:	M. M. S.
Signature of a member of	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.)

Lean M. S. Iver
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)