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SECRETARY OF STATE DIVISION OF CORPORATIONS



MAR 1 9 2013 T. HAMPTON. (850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Triple J Family Holdings, 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:

Paul C. Myers, Jr	
Name of Person	
Firm/Company	
9481 Waterford Oaks Drive	
Address	
Winter Haven, FL 33884	
City/State and Zip Code	, , , , , , , , , , , , , , , , , , ,
jmyers43@tampabay.rr.com	
E-mail address: (to be used for future annual report no	otification)

For further information concerning this matter, please call:

Jennifer Myers at (863) 5338882

Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■\$125.00 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



RECEIVED

13 MAR 18 AM 6:50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 5, 2013

PAUL C MYERS JR 9481 WATERFORD OAKS DR WINTER HAVEN, FL 33884

SUBJECT: TRIPLE J FAMILY HOLDINGS, LLC

Ref. Number: W13000013136

We have received your document for TRIPLE J FAMILY HOLDINGS, 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 5, 2013. Please amend your document accordingly.

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 213A00005239

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Triple J Family Holdings, LLC		
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
9481 Waterford Oaks Drive	9481 Waterford Oaks Drive	
Winter Haven, FL 33884	Winter Haven, FL 33884	
The name and the Florida street address of the re Paul C. Myers, Jr Name	egistered agent are:	
9481 Waterford Oaks Drive		
	ress (P.O. Box NOT acceptable)	
Winter Haven 33884	.FL	
City, Sta	te, and Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capaciall statutes relating to the proper and complete and accept the obligations of my position as reg	his certificate, I hereby accept the appoints. I further agree to comply with the performance of my duties, and I am j	ointment as provisions of familiar with
Registered Agent's Signatu	are (REQUIRED)	SECRETARY DIVISION OF CC
(CONTINU Page 1 of 2	·	OF STATE OF
-		3 5

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Me	Name and Address: mber
MGR	Paul C. Myers, Jr
	9481 Waterford Oaks Drive
	Winter Haven, FL 33884
	
(Use attachment if necessar	ry)
CLE V: Effective date, if other	ner than the date of filing: (OPTIONAl date must be specific and cannot be more than five business
CLE V: Effective date, if other effective date is listed, the coor 90 days after the date of REQUIRED SIGNATURES	ner than the date of filing: (OPTIONAl date must be specific and cannot be more than five business of filing.)
CLE V: Effective date, if other effective date is listed, the o or 90 days after the date. REQUIRED SIGNATURES Signature (In accordance with constitutes an affir I am aware that any	ner than the date of filing: (OPTIONAl date must be specific and cannot be more than five business of filing.)
CLE V: Effective date, if other effective date is listed, the o or 90 days after the date. REQUIRED SIGNATURES Signature (In accordance with constitutes an affir I am aware that any	date must be specific and cannot be more than five business of filing.) E: of a member or an authorized representative of a member. n section 608.408(3), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true. In false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)
CLE V: Effective date, if other effective date is listed, the o or 90 days after the date. REQUIRED SIGNATURES Signature (In accordance with constitutes an affirm I am aware that an constitutes a third in the constitutes a signature).	date must be specific and cannot be more than five business of filing.) E: of a member or an authorized representative of a member. n section 608.408(3), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true. In false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)

\$125.00 Filing Fee for Articles of Organization and Designation