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SECRETARY OF STALE
DIVISION OF CORPORATIONS

AUG 1 9 2013

T. HAMPTON

### COVER LETTER

TO:

Registration Section **Division of Corporations** 

Triple Star Promotions,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:

## Susan O Williamson

Name of Person

# **Triple Star Promotions**

Firm/Company

## 14671 Bellino Terrace, Suite 101

Address

# Bonita Springs, FL 34135

City/State and Zip Code

## jd.chief@yahoo.com

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

For further information concerning this matter, please call:

# JD Williamson

Name of Person

Arca 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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
The name of the Elimited Elasinty Company is:	
Triple Star Promotions,LLC	
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	incipal office of the Limited Liability Company is:
Dringing Office Address	Mailing Address
Principal Office Address:	Mailing Address:
14671 Bellino Terrace	14671 Bellino Terrace
Suite 101	Suite 101
Bonita Springs, FL 34135	Bonita Springs, FL 34135
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the r	ered Agent. You must designate an individual or another
Susan O Williamson	
Name	
14671 Bellino Terrace, Suite 101	
Florida street add	iress (P.O. Box <u>NOT</u> acceptable)
Bonita Springs, FL	34135
City, Sta	ate, and Zip
liability company at the place designated in t registered agent and agree to act in this capac all statutes relating to the proper and complete	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 e performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S
Registered Agent's Signat	wre (REQUIRED)  13 AUG 1
(CONTIN	UED) の a型に

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Susan O Williamson
	14671 Bellino Terrace, Suite 101
	Bonita Springs, FL 34135
MGRM	John D Williamson
	14671 Bellino Terrace, Suite 101
•	Bonita Springs, FL 34135
(Use attachment if necessary)	
	the date of filing: (OPTIONAL ust be specific and cannot be more than five business
to or 90 days after the date of filing.	)

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.)

Susan O Williamson

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)

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