

L1400 6161061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

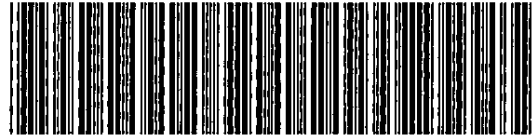
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100263756091

09/17/14--01009--018 **160.00

FILED
14 OCT 15 PM 5:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100263756091

7571



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2014

DAVID ROSENBERG
1563 E LAKE WOODLANDS PKWY
OLDSMAR, FL 34677

SUBJECT: TRIPLE J ASSOCIATES, LLC
Ref. Number: W14000057810

We have received your document for TRIPLE J ASSOCIATES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

If you have any further questions concerning your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 814A00020214

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Triple J Associates, 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:

David S. Rosenberg

Name of Person

Firm/Company

1563 East Lake Woodlands Parkway

Address

Oldsmar, FL 34677

City/State and Zip Code

triplejassociates@outlook.com

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

For further information concerning this matter, please call:

David S. Rosenberg

Name of Person

at (727) 277-4312

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Triple J Associates 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:

1563 East Lake Woodlands Parkway
Oldsmar, FL 34677

1563 East Lake Woodlands Parkway
Oldsmar, FL 34677

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:

David S. Rosenberg
Name

1563 East Lake Woodlands Parkway
Florida street address (P.O. Box **NOT** acceptable)

Oldsmar FL 34677
City 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 605, F.S..

David S. Rosenberg
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
14 OCT 15 PM 5:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

David S. Rosenberg

1563 Eastlake Woodlands Parkway

Oldsmar, FL 34677

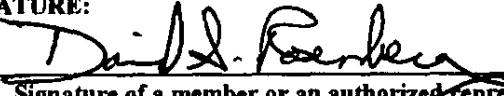
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

David S. Rosenberg

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)

FILED
14 OCT 15 PM 5:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA