## L500027878

(De	guestor's Name)				
(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Do	cument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to	Filing Officer:				
		į			

Office Use Only



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SECRETARY OF STATE
TALLARIASSES EL COMO.

FEB 1 6 2015 S. YOUNG

## **COVER LETTER**

TO:	Registration Division of (	1 Section Corporations	•	
SUBJE	ECT:	Triple Shot, LLC		
		Name of Lir	nited Liability Company	
The end	closed Articles	of Organization and fee(s) an	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
	<del></del>	Tam	nmy A. Paterson	·····
			Name of Person	
	<del></del>		Firm/Company	
		4022 Westminster Roa	ad	, page 1
			Address	2.00 <b>n</b>
		Sebring, FL 33875		E TE
	<del> </del>		ity/State and Zip Code	असे ज
		tap0155@yahoo.com		
		E-mail address: (to be use	d for future annual report notifica	ition)
For fur	ther informatio	on concerning this matter, plea	ase call:	9m 55
		terson at (at (at (at (	863 ) 385-838 Area Code Daytime Tel	38 ephone Number
Enclose	ed is a check fo	or the following amount:		
□ \$125.00	0 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)
		iling Address	Street/Courier Addi	ress
	Registration Section Registration Section		•	
	Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building		ions	
Tallahassee, FL 32314 2661 Executive Center Circle		er Circle		

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company	IS:			
Triple Shot, LLC  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
(Mast one Mar are wer	do Emmed Edding	Company, D.D.C.,	or 550. )	
ARTICLE II - Address:		na Timitad Tiabilish	Companyia	
The mailing address and street address of the	principal office of u	ie Limited Liadility	Company is:	
Principal Office Address:	<u>Maili</u>	ng Address:		
4022 Westminster Road	4020	Westminster Pear	d	
Sebring, FL 33875		4022 Westminster Road Sebring, FL 33875		
SANTING TE AND TO				
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve another business entity with an active Florid The name and the Florida street address of the	e as its own Register a registration.)	ed Agent. You must		
Ta	mmy A. Paterson Name	· · · · · · · · · · · · · · · · · · ·	-	
	Name			
· · · · · · · · · · · · · · · · · · ·	22 Westminster Ro	•	_	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)		
Sebring	FL.	33875	_	
Cit	y	Zip		
Having been named as registered agent and the place designated in this certificate, I h capacity. I further agree to comply with the of my duties, and I am familiar with and a	ereby accept the appo provisions of all stat	ointment as registered utes relating to the po of my position as reg	d agent and agree to act in this roper and complete performand	
Samy	A. Fatersc gent's Signature (RE	m	SECONOMIC SECONO	
Registered Ag	gent's Signature (RE	QUIRED)	FIL RETAR ARASS	
(	CONTINUED)		SECTED	
	Page 1 of 2		10000 1015 1016 1016 1016	

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Tammy A. Paterson 4022 Westminster Road Sebring, FL 33875
AMBR	Clark G. Paterson 4022 Westminster Road Sebring, FL 33875
AMBR	William Paul Chavis, JR. 1425 Iris Ave Sebring, FL 33875
(Use attachment if necessary)	
	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after
REQUIRED SIGNATURE:	d. Patuson
Signature of a me (In accordance with section 60 constitutes an affirmation unde I am aware that any false information to the section of the	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
Та	Typed or printed name of signee
\$125.00 Filing Fee for Articles of Org \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Option	Filing Fees: ganization and Designation of Registered Agent al)
	Page 2 of 2

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

ARTICLE IV-