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K. SALY EXAMINER MAY 20 2015

COVER LETTER

Division of Corporations
SUBJECT: TRIUMPHANT WASHELLS 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:
theresa D. JORDAN
Name of Person
Firm/Company
2651 ARCADIA St
Address
Beltona FL 32138
DSORDAN BALO WA CHOO, COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Theresh Jordan 407, 694-6010
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee \$ \$155.00 Filing Fee \$ \$160.00 Filing Fee, Certificate of Status 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 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:		
+	Riumphant	SUT SUPERM	LLC
(M	ust end with the words "Limited Liability Co	mpany, "L.L.C., or "LLC.")	
ARTICLE II - Address The mailing address and	:: street address of the principal office of the L	.imited Liability Company is:	
	Principal Office Address:	Mailing Address:	~ ^ ^ . ^
The RC	CLEGROOK ARC	Theresh 501	STACKI

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:

THERESA SOCION

Name

AUSI ARRADIA ST

Florida street address (P.O. Box NOT acceptable)

City State 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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

Title:	arinad Mambar	Name and Address:
"AMBR" = Author "MGR" = Manag		Therosa JORDAN BUTT ARCHOMA ST BUTTOMA, FL 32438
		
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Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certifled Copy (Optional) \$ 5.00 Certificate of Status (Optional)