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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : KANETSKY, MOORE & DEBOER, P.A.
Account Number : 075350000267
Phone : (941) 485-1571
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA LIMITED LIABILITY CO.
TRIPLE S DEVELOPERS, LLC**

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November 1, 2017

FLORIDA DEPARTMENT OF STATE

KANETSKY, MOORE & DEBOER, P.A. Division of Corporations

SUBJECT: TRIPLE S DEVELOPERS, LLC
REF: W1700087403

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

Please return 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) 245-6052.

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H17000282642
Letter Number: 117A00022086

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ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRIPLE S DEVELOPERS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address

212 Milan Avenue W.
Venice, FL 34285

Street Address

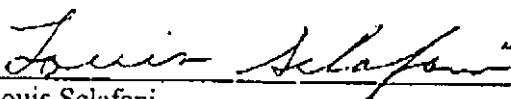
212 Milan Avenue W.
Venice, FL 34285

ARTICLE III - Registered Agent, Registered Office, & Registered Agents's Signature:

The name and the Florida street address of the registered agent are:

Louis Sclafani
212 Milan Avenue W.
Venice, FL 34285

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.


Louis Sclafani

THIS INSTRUMENT PREPARED BY
Robert J. DeBoer
Attorney At Law
P.O. Box 1767
Venice, Florida 34284-1767
(941) 485-1571
Fla. Bar #161362

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

Title:

"MGR"=Manager

"MGRM"=Managing Member

Name and Address:

MGRM

Louis Sclafani
212 Milan Avenue W.
Venice, FL 34285

MGRM

Richard C. Serino
824 Laguna Drive
Venice, FL 34285

MGRM

James P. Serino
3695 Primilia Lane
Jackson, MI 49201

REQUIRED SIGNATURE:



Signature of a member or authorized
representative of a member.

(In accordance with section 605, Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

LOUIS SCLAFANI

Typed or Printed Name of Signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 NOV - 1 AM '16