

617000245395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

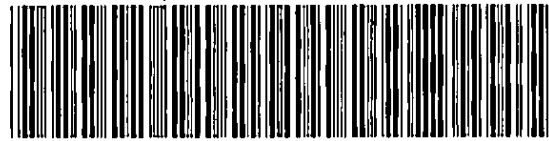
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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M. MOON  
NOV 30 2017



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NOV 30 2017

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date:

11/30/17

ACCT. I20160000072

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Name:	Triple Four Mike LLC
Document #:	
Order #:	10733321

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

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Examiner \_\_\_\_\_  
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Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_  
Ref# \_\_\_\_\_

Amount: \$ 160

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Thank you!

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: **Triple Four Mike 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: John McNamara, Esq.

Name of Person  
John J. McNamara PA  
Firm/Company  
247 Liberty Corner Road  
Address  
Far Hills, NJ 07931  
City/State and Zip Code  
[jackmcnamara@verizon.net](mailto:jackmcnamara@verizon.net)  
E-mail address: (to be used for future annual report)

notification) For further information concerning this matter, please call:

Chris Blackstone 617 531-5845  
Name of Person at (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)	<input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
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Mailing Address  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
New Filing Section  
Division of  
Corporations Clifton  
Building  
2661 Executive Center

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

**Triple Four Mike LLC**

(Must contain 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:**

Attn: Elizabeth Rafferty  
1106 US Highway A1A  
Suite 201 - B  
Ponte Vedra Beach, Florida 32082

Attn: Elizabeth Rafferty  
830 A1A North, Suite 13, #391  
Ponte Vedra Beach, FL 32082

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:

Mr. Joseph Z. Duke

Name

1106 US Highway A1A, Suite 201 - B

Florida Street Address (P.O. Box NOT acceptable)

Ponte Vedra Beach, Florida

32082

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, ES..*

By: ☒



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

	<u>Name and Address:</u>
"AMBR" -- Authorized Member	
"MGR" -- Manager	
MGR _____	<u>Joseph Z. Duke</u>
	<u>1106 US Highway A1A, Suite 201 - B</u>
	<u>Ponte Vedra Beach, Florida 32082</u>
_____	_____
_____	_____
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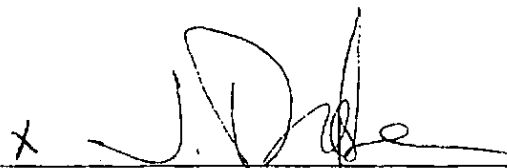
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/21/2017 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

X   
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

\_\_\_\_\_  
JOSEPH Z. DUKE  
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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