L 900000 3983

(Re	equestor's Name)			
(Ad	ddress)			
(Ac	ddress)			
(Ci	ity/State/Zip/Phone #	()		
PICK-UP	WAIT	MAIL		
(B	usiness Entity Name)		
(Document Number)				
Certified Copies	Certificates o	of Status		
Special Instructions to	Filing Officer:			





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JAN - 8 2019 C Kin. RECEIVEL

COVER LETTER

TO: New Filing Section Division of Corporati	ons		
SUBJECT: Triple	CHO		
SUBJECT: TTPIC	Name of Limite	d Liability Company	
The enclosed Articles of Organi	zation and fee(s) are st	bmitted for filing.	
Please return all correspondence	econcerning this matter	r to the following:	
	Curtis ?	Duviant	_
4	1	Name of Person	
	 		
			•
1650	Louisiere A	Address	
iho	othello (1	32344 State and Zip Code 85 @ China, I COM	
<u> Kurts</u>	Bruncard 19	85@ (3mg.1.com	<u> </u>
E-mail	address: Jo be used for	r future annual report notification	n)
For further information concerning	ng this matter, please co	ıll:	
Curtis Bru	roord at 85	Code Daytime Telephone	
Name of Pe	rison Area	Code Daytime Telephone	Number
Enclosed is a check for the follo	owing amount:		
	0.00 Filing Fee & titicate 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)
<u>Mailing Add</u>		Street Address	
New Filing S Division of C		New Filing Section Division of Corporatio	ns
P.O. Box 63: Tallahassee,	27	Clifton Building 2661 Executive Center	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability Comp	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Lin	nited Liability Company is:
Principal Office Address:	Mailing Address:
Montriello 11. 32344	Sone
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Aganother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	<u>5₽</u>
Curts Bru Name	ngardt # E
Florida street address (P.O. Box N	Mue 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
Montrello fi	.32344
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)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager MGC Manager	Curts Bangard
•	modreelle, FL 32344
(Use attachment if necessary)	
TCLE V: Effective date, if other than the date on effective date is listed, the date must be speciate of filing.) e: If the date inserted in this block does not more	eet the applicable statutory filing requirements, this date will not be listed a
TCLE V: Effective date, if other than the date on effective date is listed, the date must be speciate of filing.)	cific and cannot be more than five business days prior to or 90 days after cet the applicable statutory filing requirements, this date will not be listed a
TICLE V: Effective date, if other than the date on effective date is listed, the date must be specified of filing.) e: If the date inserted in this block does not modocument's effective date on the Department of	cific and cannot be more than five business days prior to or 90 days after cet the applicable statutory filing requirements, this date will not be listed a
TICLE V: Effective date, if other than the date of n effective date is listed, the date must be specified of filing.) e: If the date inserted in this block does not modocument's effective date on the Department of TICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to or 90 days after eet the applicable statutory filing requirements, this date will not be listed a of State's records.
TCLE V: Effective date, if other than the date of a effective date is listed, the date must be speciate of filing.) E: If the date inserted in this block does not molecument's effective date on the Department of TCLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a merital document is executed an aware that any false	cific and cannot be more than five business days prior to or 90 days after cet the applicable statutory filing requirements, this date will not be listed a

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)

ARTICLE IV-