

19000157536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

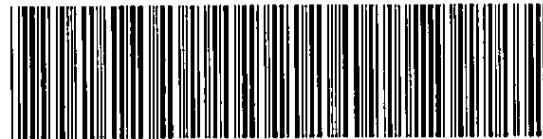
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800331215368

06/24/19-01004-013 \*\*155.00

RECEIVED  
RECEIVED  
19 JUN 24 AM 11:49  
2019 JUN 24 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

# SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 6/24/2019

**\*\*WALK IN\*\***

ENTITY NAME TRIPLETAIL PROPERTIES, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

Plain Copy

XXXX

Certified Copy

Certificate of Status

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

Certified Copy of Arts & Amendments

Certificate of Good Standing

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED 155

CHECK # 6258

Please call Tina at the above number for any issues or concerns. Thank you so much!

## COVER LETTER

TO: New Filing Section  
Division of Corporations

**SUBJECT:** Tripletail Properties, 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:

Dolores Burton

Name of Person

c/o United Corporate Service, Inc.

Firm/Company

100 State Street, Suite 800

---

**Address**

Albany, NY 12207

City/State and Zip Code

icelani@dhgelaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
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)     \$160.00 Filing Fee, Certificate of Status & Certified Copy  
(additional copy is enclosed)

**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 Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tripletail Properties, 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:

850 S Collier Blvd, Unit 1201  
Marco Island FL 34145

Mailing Address:

850 S Collier Blvd, Unit 1201  
Marco Island FL 34145

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:

Elizabeth Penman

Name

850 S Collier Blvd, Unit 1201

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

Marco Island FL 34145

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.*

/s/ Elizabeth Penman

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2019 JUN 24 PM12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## ARTICLE IV-

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

Title:  
"AMBR" = Authorized Member  
"MGR" = Manager  
AMBR \_\_\_\_\_

Name and Address:

Elizabeth Penman  
850 S Collier Blvd, Unit 1201  
Marco Island Fl 34145

---

---

---

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_.** (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.)

#### ARTICLE VI: Other provisions, if any.

**REQUIRED SIGNATURE:**

/s/ Elizabeth Penman

**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.

Elizabeth Penman

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)**