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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

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DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

Account Number	FCA00000017	
Date:	9-2-20	
Requestor Name:	Carlton Fields	
Address:	Post Office Drawer 190 Tallahassee, Florida 32302	AUTHORIZED AMOUNT TO DEDUCT FROM ACCOUNT
Telephone:	(850) 513-3619 - direct (850) 224-1585	s 60.00
Contact Name:	Kim Pullen, CP, FRP	
Corporation Name:	Triplet Three	at LLC
Email Address:		
Entity Number:		<u> </u>
Authorization:	fin Vulle	
✓ Certified Copy✓ New Filings✓ Fictitious Name	Plain Stamped Copy Amendments	Certificate of Status Annual Report Registration
X)Call When Ready	(X) Call if Problem	() After 4:30
X) Walk In	()Will Wait	(X) Pick Up

Cl² Internal Use Only

Name M. Ryder Office. MIA

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ARTICLES OF ORGANIZATION OF TRIPLET THREAT LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Company Act, pursuant to Chapter 605 of the Florida Statutes, hereby makes, acknowledges and files the following Articles of Organization (the "Articles").

ARTICLE II. MAILING AND STREET ADDRESS

The mailing address and street address of the principal office of the Company shall be V 17th Avenue, Building J, Delray Beach, Florida 33445.

ARTICLE III. REGISTERED AGENT AND Company in the Company in th 955 NW 17th Avenue, Building J. Delray Beach, Florida 33445.

the Company in the State of Florida is CF Registered Agent, Inc., a Florida corporation, 100 S. Ashley Drive, Suite 400, Tampa, Florida 33602.

ARTICLE IV. DURATION

The Company shall commence its existence on the date that the Articles are filed with the Florida Department of State. The Company's existence shall be perpetual, unless the Company is earlier dissolved as provided in the Operating Agreement.

ARTICLE V. MANAGEMENT

The Company shall be a manager-managed limited liability company and shall be managed in accordance with the Operating Agreement adopted by the members for the management of the business and affairs of the Company. The initial Manager of the Company shall be:

> Name Address

Corri Dav 955 NW 17th Avenue Building J Delray Beach, Florida 33445

ARTICLE VI. AUTHORIZED REPRESENTATIVE

The name and address of the authorized representative of the organizing member of the Company executing these Articles is Dana Chaaban, 100 SE Second Street, Suite 4200, Miami, Florida 33131.

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IN WITNESS WHEREOF, the undersigned has made and subscribed to these Articles of Organization on this 2^{nd} day of September, 2020.

Dana Chaaban

Chachan

Authorized Representative

ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in that capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and the undersigned is familiar with and accepts the duties and obligations of the undersigned's position as registered agent.

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Dated this 2nd day of September, 2020.

CF Registered Agent, Inc., a Florida corporation

Chaahau

By:

Dana Chaaban. Authorized Representative

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