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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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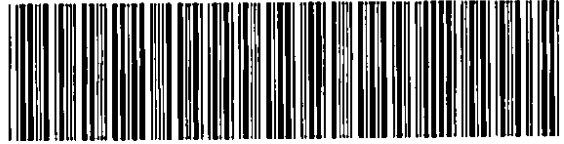
(Business Entity Name)

(Document Number)

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2021 JUN 29 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FL

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2021 JUN 29 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FL ORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: TRIPLE P RANCHES 17, 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:

RONALD R. RICHMOND  
Name of Person

TRIPLE P RANCHES 17, LLC  
Firm/Company

4425 MONROE AVE, APT. 420  
Address

TALLAHASSEE, FL 32308  
City/State and Zip Code

RONALD.RICHMOND@COMCAST.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RONALD R. RICHMOND at ( 250 ) 545-5964  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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2021 JUN 29 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION  
OF  
TRIPLE R RANCHES 17, LLC**

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is TRIPLE R RANCHES 17, LLC (hereinafter referred to as the "Company").

1. **PERIOD OF DURATION.**

The period of duration of the Company shall be from the date of filing of its Articles of Organization until the first to occur of the following:

- (i) The date that is seventy-five (75) years from the date of filing of the Articles of Organization with the Department of State, State of Florida; or
- (ii) Dissolution of the Company pursuant to the provisions of the Florida Limited Liability Act; or
- (iii) By the mutual written agreement of a majority in capital interest of the Members.

2. **PURPOSE.**

The purpose for which the Company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

3. **ADDRESS OF PLACE OF BUSINESS.**

The mailing address for the Company, and the street address of the place of business for the Company is 4425 Meandering Way, Ste. 420, Tallahassee, FL 32308. Such address may be changed from time to time as provided in the Operating Agreement.

4. **REGISTERED AGENT.**

The initial registered agent in Florida for the Company is Ronald R. Richmond.

and the initial registered office is located at 4425 Meandering Way, Ste. 420, Tallahassee, FL 32308.

5. **CAPITAL CONTRIBUTIONS.**

Contributions to the capital of the Company shall be made by the Members, from time to time, in the manner prescribed by a written Operating Agreement to be made and entered into by the Members, and which may be amended from time to time in accordance with its terms.

6. **MEMBERS.**

The Company shall have at least one (1) Member, and may admit additional members upon the prior unanimous written agreement of the then existing Members, or as otherwise provided in the Operating Agreement.

7. **CONTINUITY OF BUSINESS.**

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

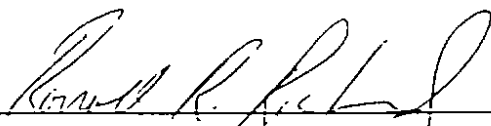
8. **MANAGEMENT.**

The Members may elect one or more managers in the manner provided in the Operating Agreement. Any such Manager shall have the powers and authority expressly granted under the Operating Agreement. The initial Managers appointed by the Members are Ronald R. Richmond and Jeff Shivers

9. **INDEMNIFICATION.**

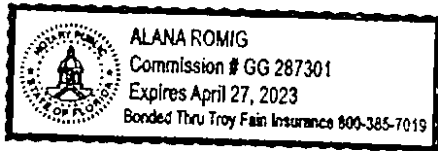
Except as expressly provided otherwise in the Operating Agreement, the Company shall indemnify any Member, Manager, former Member or former Manager to the full extent permitted under the Florida Limited Liability Company Act.

Executed at Tallahassee, Florida, on the 21 day of June, 2021.

BY:  \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF LEON

The foregoing instrument was acknowledged before me this 21 day of June, 2021,  
by Ronald R. Richmond, as a Member and Manager of Triple R Ranches 17, L.L.C., who is  
personally known to me.



Alana Romig  
NOTARY PUBLIC - STATE OF FLORIDA  
Alana Romig  
PRINT, TYPE OR STAMP NAME OF  
NOTARY PUBLIC

*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 608, Florida Statutes.*

Registered Agent's Signature

Ronald R. Richmond

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TALLAHASSEE, FL.

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