

To: 18506176381

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2025-01-06 21:44:01 EST

18506176381

From: John Gurba

L25000006159

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : COURTACCESS CENTERS, LLC
Account Number : 07535000541
Phone : (813)875-1333
Fax Number : (813)200-1050

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: samanthasimmons2005@gmail.com

FLORIDA LIMITED LIABILITY CO.
TripleB Capital LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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Audit # H25000006271
**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I

Name and Address

The name of this Limited Liability Company is:

TripleB Capital LLC

The mailing address and street address of the Limited Liability Company are:

**7125 Grove Blvd
Punta Gorda, FL 33982**

ARTICLE II

Term of Existence

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

ARTICLE III

Purpose and Powers

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

ARTICLE IV

Powers

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida:

This form was prepared with the assistance
Of CourtAccess Centers LLC, a
non-lawyer located at 13046 Race Track Rd.
Suite 131, Tampa, FL 33626, 813-875-1333.

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ARTICLE V
Initial Registered Office and Agent

The street address of the initial registered office of this Limited Liability Company is:

**7125 Grove Blvd
Punta Gorda, FL 33982**

and the name of its registered agent at such address is:

Samantha Simmons

ARTICLE VI
Management

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

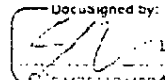
Name and Address

**Samantha Simmons, Authorized Member
7125 Grove Blvd
Punta Gorda, FL 33982**

Dated: Monday, January 06, 2025

.....
Samantha Simmons, Authorized Member

Designated by:



**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.**

Audit # H25000006271

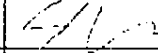
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ACCEPTANCE BY REGISTERED AGENT

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..

Date: January 6, 2025

DocuSigned by:

Samantha Simmons
Samantha Simmons

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