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(City/State/Zip/Phone #)

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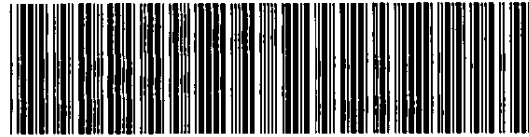
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TALLAHASSEE, FLORIDA

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EXAMINER

JAN 5 2011

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Triple S Consultancy Ltd

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Peter Vogel

Name of Person

Triple S Consultancy

Firm/Company

2004 Riverside Place Unit 2

Address

Wilton Manors, FL 33305

City/State and Zip Code

Peter@triplesconsultancy.com

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

For further information concerning this matter, please call:

Peter Vogel

Name of Person

at ( 954 )

614-3655

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. **Triple S Consultancy LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Triple S LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. **Malta**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **C44549**

(FEI number, if applicable)

4. **6/24/2008**

(Date of Organization)

5.

(Duration: Year limited liability company will cease to exist or "perpetual")

6.

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7.

**2004 Riverside Place, Unit 2**  
**Wilton Manors FL 33305**

(Street Address of Principal Office)

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8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

**Peter Vogel 2004 RiverSide Place Unit 2, Wilton Manors, FL 33305**

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: **Event Management**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

**Peter Vogel**

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Triple S Consultancy LLC

If unavailable, the alternate to be used in the state of Florida is:

Triple S LLC

2. The name and the Florida street address of the registered agent and office are:

Peter Vogel

(Name)

2004 Riverside Place Unit 2

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Wilton Manors

FL 33305

City/State/Zip

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*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.*

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

# COMPANIES ACT, 1995

## MALTA

### CERTIFICATE OF REGISTRATION LIMITED LIABILITY COMPANY

(PURSUANT TO SECTION 77)

**Triple S Consultancy Ltd**

\_\_\_\_\_  
Name of Company

**60/2, Melita Street, Valletta VLT 1122, Malta**

\_\_\_\_\_  
Registered Office

**C 44549**

\_\_\_\_\_  
Registration No.

This is to certify that the above-mentioned Company  
has been registered by the Registrar of Companies as a  
Limited Liability Company on the

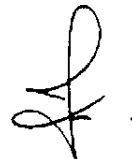
**24<sup>th</sup> June 2008**

\_\_\_\_\_  
Date of Registration

Certified true copy of the original



Dr Ruth Baldacchino  
Chetcuti Cauchi Advocates  
Valletta, Malta



**J. FARRUGIA**

Date: *28/10/2010*

\_\_\_\_\_  
j/Registrar of Companies

24<sup>th</sup>

June

08

Dated this ..... day of ..... 20 .....

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TALLAHASSEE, FLORIDA

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*Per Brenda  
& Gretchen  
Ok. to  
use this  
Certificate*