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(Re	questor's Name)			
(Ad	dress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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W17, 27261				
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 30, 2017

ROBERT CAULK 282 MEADOWBROOK COUNTRY CLUB ESTATES BALLWIN, MO 63011

SUBJECT: TRIPLE TWO HOLDINGS, LLC

Ref. Number: W17000027261

We have received your document for TRIPLE TWO HOLDINGS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

4/17/2017

If you have any questions concerning the filing of your document, please call (850) 245-6051.

314-378-0690

Octavia I Simmons Regulatory Specialist II

Letter Number: 317A00006124

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TALLAHASSPETT DRIDA

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	TRIPLE	Two Holdings	, LLC		
		Name of I	imited 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 o	concerning this matter to the	following:		
	ROBE	RT L. CAULK			
Name of Person					
TRIPLE TWO HOLDINGS, LLC					
		Fi	m/Company		
282 MEADOWBROOK COUNTRY CLUB ESTATES					
			Address		
	BAL	LWIN, MO			
City/State and Zip Code					
RLCAULK & GMAIL. COM					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
	KOBERT	L. CAULK	_at(<u>314</u>) 3.	18-0690	
	Name o	of Contact Person	Area Code Day	time Telephone Number	
Divisio Registr P.O. Bo	ING ADDRESS: n of Corporations ation Section bx 6327 ussee, FL 32314		Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding secutive Center Circle see, FL 32301	
	eck for the follow 5.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

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

IN COMPLIANCE WITH SECTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIC COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	IN LIMITED LIABILITY
1. TRIPLE Two HOLDINGS, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must Liability Company," "L.L.C," or "LLC.")	include "Limited
2. MISSOURI 3.	
2. (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)	
4	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 282 MERDOWBROOK COUNTRY CLUB ESTATES	
BALLWIN, MO 63011 (Street Address of Principal Office)	
6. 265 INDIES WAY #1401	خ
NAPLES, FL 34110 (Mailing Address)	7 MPR 20
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	3
Name: ROBERT L. CAULK	
Office Address: 265 INDIES WAY #1401	19 19
NAPLES , Florida 34110 (Zip code)	=
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability con designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacito complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent.	city. I further agree
(Registered agent's signature)	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: ROBERT L. CAULK, MANAGER	
	_
265 INDIES WAY #1401	
NAPLES, FL 34110	
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate translator must be submitted)	
Signature of an authorized person	
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false is submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.	nformation S.
Typed or printed name of signee	

STATE OF MISSOURY



John R. Ashcroft Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

TRIPLE TWO HOLDINGS, LLC LC1188491

was created under the laws of this State on the 9th day of December, 2011, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 24th day of March, 2017.

Secretary of Stale

Certification Number: CERT-03242017-0083

