

M1900000 7622

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(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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2019 AUG -7 PM 4:34  
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B KINSEY  
AUG 08 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 26, 2019

GEORGE RUCKMAN  
PO BOX 791895  
NEW ORLEANS, LA 70179

SUBJECT: TRI-MEG PROPERTIES, LLC  
Ref. Number: W19000059168

RECEIVED  
19 AUG - 7 PM 12:23  
TALLAHASSEE  
SECRETARY OF STATE  
*Corrected*  
*THX*

We have received your document for TRI-MEG PROPERTIES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Brooke N Kinsey  
Regulatory Specialist II

Letter Number: 819A00015214



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 16, 2019

GEORGE RUCKMAN  
PO BOX 791895  
NEW ORLEANS, LA 70179

SUBJECT: TRI-MEG PROPERTIES, LLC  
Ref. Number: W19000059168

RECEIVED  
19 JUL 25 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FL

We have received your document for TRI-MEG PROPERTIES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Brooke N Kinsey  
Regulatory Specialist II

Letter Number: 119A00014408



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 24, 2019

GEORGE RUCKMAN  
PO BOX 791895  
NEW ORLEANS, LA 70179

SUBJECT: TRI-MEG PROPERTIES, LLC  
Ref. Number: W19000059168

We have received your document for TRI-MEG PROPERTIES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Brooke N Kinsey  
Regulatory Specialist II

Letter Number: 719A00012744

RECEIVED  
JUL 12 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tri-Meg Properties, Limited Liability Company  
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:

George Ruckman  
Name of Person

Tri-Meg Properties, LLC  
Firm/Company

P.O. Box 791895  
Address

New Orleans, LA. 70179  
City/State and Zip Code

GRUC682931@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George Ruckman at (504) 236 6440  
Name of Contact Person 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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$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

2019 AUG - 7 PM 4:34

FILED

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 FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TRI-Meg Properties Limited Liability Company  
(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 include "Limited Liability Company," "L.L.C.," or "LLC.")

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

3. 72-1370662  
(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. 115 Bellair Dr.  
(Street Address of Principal Office)

6. P.O. Box 791895  
(Mailing Address)

New Orleans,  
LA. 70124

New Orleans,  
LA. 70124

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

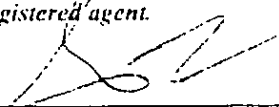
Name: George F. Ruckman Jr.

Office Address: 2006 Crystal Lake Dr.

Miramar Beach, Florida 32550  
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
(Registered agent's signature)

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2019 AUG -7 PM 4:34  
TALLAHASSEE, FL

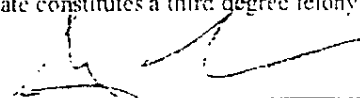
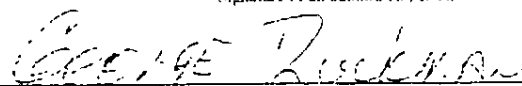
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>	<u>Title or Capacity:</u>		<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name:	GEORGE RUCKMAN	<input type="checkbox"/> Manager	Name:	_____
<input type="checkbox"/> Member	Address:	P.O. Box 791895	<input type="checkbox"/> Member	Address:	_____
<input type="checkbox"/> Authorized		NEW ORLEANS, LA 70179	<input type="checkbox"/> Authorized		_____
Person		_____	Person		_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Manager	Name:	Barth Ruckman	<input type="checkbox"/> Manager	Name:	_____
<input type="checkbox"/> Member	Address:	115 Bellvue Ave	<input type="checkbox"/> Member	Address:	_____
<input type="checkbox"/> Authorized		New Orleans, LA 70124	<input type="checkbox"/> Authorized		_____
Person		_____	Person		_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Manager	Name:	_____	<input type="checkbox"/> Manager	Name:	_____
<input type="checkbox"/> Member	Address:	_____	<input type="checkbox"/> Member	Address:	_____
<input type="checkbox"/> Authorized		_____	<input type="checkbox"/> Authorized		_____
Person		_____	Person		_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____

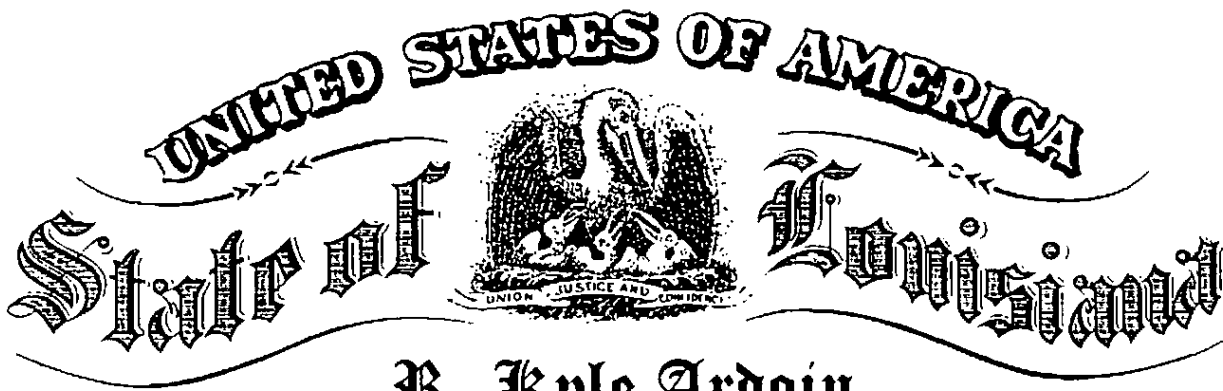
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

  
 \_\_\_\_\_  
 Signature of an authorized person  
  
 \_\_\_\_\_  
 Typed or printed name of signer

2019 AUG - 7 PM 4:34  
 FILED  
 CLERK OF COURT  
 JUDICIAL CIRCUIT IN AND FOR  
 THE EIGHTH JUDICIAL CIRCUIT  
 IN THE COUNTY OF DADE, FLORIDA



**R. Kyle Ardoin**

**SECRETARY OF STATE**

*As Secretary of State of the State of Louisiana, I do hereby Certify that*

the Articles of Organization of

**TRI-MEG PROPERTIES, LIMITED LIABILITY COMPANY**

Domiciled at NEW ORLEANS, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on May 08, 1997,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

July 8, 2019

*Secretary of State*

Web 34559869K



Certificate ID: 11095114#P8E52

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.  
[www.sos.la.gov](http://www.sos.la.gov)