

M23000005184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

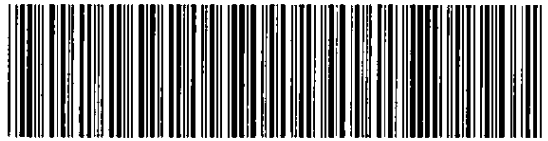
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23000033877

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02/16/23--01019--007 **125.00

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AND
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APR 22 2023

K Brumby



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 12, 2023

DOROTHY BARTON
9200 WEST MAIN STREET
BELLEVILLE, IL 62223

SUBJECT: TRIPLE STICKS FOODS, LLC
Ref. Number: W23000033877

We have received your document for TRIPLE STICKS FOODS, 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):

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s). We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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) 245-6053.

Yvette Scott
Supervisor

Letter Number: 623A00005741

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Triple Sticks Foods, LLC
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:

Dorothy Barton
Name of Person
Triple Sticks Foods, LLC.
Firm/Company
9200 West Main Street
Address
Belleville, IL 62223
City/State and Zip Code
dbarton@triplesticks.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dorothy Barton at 618 973-4768
Name of Contact Person Area Code Daytime Telephone Number

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

**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. Triple Sticks Foods, LLC.
(Name of foreign limited liability company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Illinois 3. 82-2713524
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 03/06/2023
(Date first transacted business in Florida, if prior to September 1, 2005, to determine penalty liability)

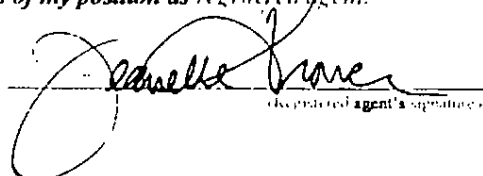
5. 870 Trevino Terrace 6. 9200 West Main Street
(Street Address of Foreign Office) (Mailing Address)
The Villages, FL 32159 Belleville, IL 62223

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

Name: Jeanette Trover
Office Address: 870 Trevino Terrace
The Villages 32159
(City) , Florida (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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NOTED
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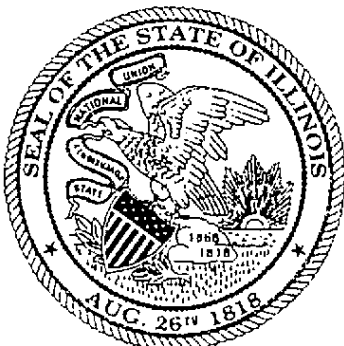
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To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

TRIPLE STICKS FOODS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 06, 2017, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 27TH
day of DECEMBER A.D. 2022 .***

Jesse White