# 05184

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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Office Use Only



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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.

Letter Number: 623A00005741

Yvette Scott Supervisor

www.sunbiz.org

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### COVER LETTER

or in the coll	Triple Sticks Foods, LLC	
SUBJECT	r:Name of Limit	ed Liability Company
The enclos Existence,	sed "Application by Foreign Limited Liability Company, and check are submitted to register the above reference	for Authorization to Transact Business in Florida," Certificate of d foreign limited liability company to transact business in Florida.
Please retu	urn all correspondence concerning this matter to the following	owing:
	Dorothy E	arton
	/ Name	of Person
	Triple Sticks	Foods, LLC.
		• •
	9200 West 1	lain Street
	A	ldress
	Belleville, I	L 62223
	City/State	and Zip Code
	dbarton atri	plesticks, com
For furthe	er information concerning this matter, please call:	
	Dorothy Barton a	(618,973-4768
-	Name of Contact Person	Area Code Daytime Telephone Number
	Mailing Address: St	reet Address:
	Registration Section R	egistration Section
	Bitting of Corporation	ivision of Corporations
	1.0. 201 (32)	he Centre of Tallahassee 415 N. Monroe Street, Suite 810
	14,,41,40000, 120201	allahassee, FL 32303
	Enclosed is a check for the following amount:  Please make check payable to: <b>FLORIDA DEPARTM</b> \$\times\$ \$125.00 Filing Fee \$\times\$ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION 606.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FRORITY.

Triple Sticks Foods, LI	.C. Dimited Liability Company, must include "Finited	Lability Como	mv""l.l.C."or"l.tC.")	<del></del>	
<b>(**2***</b>	- Sample J, man Livinov	· · · · · · · · · · · · · · · · · · ·	.,, 125.6., a .m.o.,		
l'name unavailable, enter atternate i	name adopted for the purpose of transacting business in Flo	orida The alternate	came must include "Limited Liabil	ity Company," "L L C," or "LLC	
Πlinois		82-2°	713524		
(Jurischetion under the law of which foreign limited liability compan, 10-10-10-7-4)		(FEI number, if applicable)			
03/06/2023					
<del></del>	The first transacted by most in Florida, it price to a control of the first one of the firs	e pendral <b>jubility</b> )			
870 Trevino Terrace		9200 West Main Street			
treet Address of Pearing at 1935 co.		6	Mailing Address)		
The Villages, FL 3215	59	Belle	ville, IL 62223		
		<del></del>			
Name and street a bice	≤ of Florida registered agent: (P.O. Box	NOT against	abla)	2023	
. Name and sirey source	5 of Profitua registered agent, (P.O. DOX	NOT_accepta	101e)	E1 2023 APR 2	
	Jeanette Trover			R 21	
Name:		- <del></del> -	-		
Office Address	870 Trevino Terrace			<u>.</u> မှ	
	The Villages	· · · · · · · · · · · · · · · · · · ·	32159		
	(City)		, Florida(Zp code)	_	
	(~1)/		(Eth core)		

#### 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 with proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered great.

chespita red agent's opitalises

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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Triple Sticks Foods, LLC.	<b>■</b> Manager	Name: Triple Sticks Foods, LLC.
■Member	Address: 9200 West Main Street	□Member	Address: 9200 West Main Street
□Authorized	Belleville, IL 62223	□Authorized	Belleville, IL 62223
Person	Joseph Trover	Person	James Hicks
□Other	Other	Other	□ Other
☐Manager	Name: Triple Sticks Foods, LI.C.	□Manager	Name:
□Member	Address: 9200 West Main Street	□Member	Address:
■ Authorized	Belleville, IL 62223	□Authorized	
Person	Dorothy Barton	Person	
□Other	□Other	□Other	GOther
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other		□Other	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.

Dorothy Barton
Signature of an authorized person

## File Number

0650299-7



## 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 .

Desse White

Authentication #: 2236102728 verifiable until 12/27/2023