

5/28/24, 3:38 PM

Division of Corporations

# M240000006760

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BURNS LAW OFFICES, P.A.  
Account Number : I20140000036  
Phone : (305)733-8223  
Fax Number : (866)883-7019

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
**TRIPLE BARREL ENTERPRISES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$125.00

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

(((1124000188606 3)))

**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 BARREL ENTERPRISES, 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 include "Limited Liability Company," "L.L.C.," or "LLC.")

2. ALABAMA 3. 99-2446671  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 8687 N Lamhatty Lane 6. 8687 N Lamhatty Lane  
(Street Address of Principal Office) (Mailing Address)  
Daphne, AL. 36526 Daphne, AL. 36526

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

Name: Registered Agents Inc  
Office Address: 7901 4th St. N Ste. 300  
St. Petersburg 33702  
(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.*

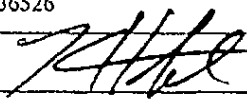
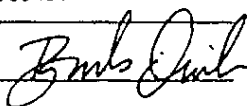
David Roberts  
(Registered agent's signature)

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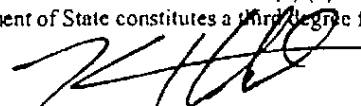
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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: KELLY HEBERT	<input checked="" type="checkbox"/> Manager	Name: BROOKS QUINLAN
<input checked="" type="checkbox"/> Member	Address: 687 N Lamhatty Lane	<input checked="" type="checkbox"/> Member	Address: 531 Jennifer Drive East
<input checked="" type="checkbox"/> Authorized	Daphne, AL 36526	<input checked="" type="checkbox"/> Authorized	Tuscaloosa, AL 35404
Person	Kelly Hebert 	Person	Brooks Quinlan 
<input type="checkbox"/> Other	<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	<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	<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

KELLY HEBERT

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(((H24000188606 3)))

Wes Allen  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, Wes Allen, Secretary of State of Alabama, having custody of the  
Great and Principal Seal of said State, do hereby certify that**

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama  
1975, and upon an examination of the entity records on file in this office, the  
following entity name is reserved as available:

**Triple Barrel Enterprises, LLC**

This name reservation is for the exclusive use of Kelly Hebert, 8687 N Lamhatty  
Lane, Daphne, AL 36526 for a period of one year beginning April 09, 2024 and  
expiring April 09, 2025.



RES150427

**In Testimony Whereof, I have hereunto set my  
hand and affixed the Great Seal of the State, at the  
Capitol, in the city of Montgomery, on this day.**

April 09, 2024

Date

A handwritten signature in cursive script, appearing to read "Wes Allen".

Wes Allen

Secretary of State

(((H24000188606 3)))

## STATE OF ALABAMA

(((H24000188606 3)))

DOMESTIC LIMITED LIABILITY COMPANY (LLC)  
CERTIFICATE OF FORMATION

PURPOSE: In order to form a Limited Liability Company (LLC) under Section 10A-5A-2.01 of the Code of Alabama 1975, this Certificate of Formation and the appropriate filing fees must be filed with the Office of the Secretary of State. The information required in this form is required by Title 10A.

1. The name of the limited liability company (must contain the words "Limited Liability Company" or the abbreviation "L.L.C." or "LLC," and comply with Code of Alabama, Section 10A-1-5.06. You may use Professional or Series before Limited Liability Company or LLC (or PLLC or SLLC) if they apply:

Triple Barrel Enterprises, LLC

2. A copy of the Name Reservation Certificate from the Office of the Secretary of State must be attached.

3. The name of the registered agent (only one agent): Rocket Lawyer Corporate Services LLC

Street (no PO Boxes) address of registered office (must be located in Alabama):

2 N Jackson Street #605 Montgomery, AL 36104

\*COUNTY of above address: MONTGOMERY

Mailing address in Alabama of registered office (if different from street address):

4. The undersigned certify that there is at least one member of the limited liability company.

(For SOS Office Use Only)

Alabama  
Sec. Of State

001-130-493 DLL

Date 04/09/2024

Time 13:51:00

File \$100.00

County \$100.00

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Total \$200.00

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**DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION**

5. Check only if the type applies to the Limited Liability Company being formed:

☐ Series LLC complying with Title 10A, Chapter 5A, Article 11

☐ Professional LLC complying with Title 10A, Chapter 5A, Article 8

☐ Non-Profit LLC complying with Section 10A-5A-1.04(c)

6. The filing of the limited liability company is effective immediately on the date received by the office of the Secretary of State, Business Services Division or at the delayed filing date (cannot be prior to the filing date) specified in this filing complying with Section 10A-1-4.12

The undersigned specify 4 / 9 / 2024 as the effective date (must be on or after the date filed in the office of the Secretary of State, but no later than the 90th day after the date this instrument was signed) and the time of filing to be 1 : 50 ☐ AM or ☒ PM. (cannot be noon or midnight - 12:00)

☐ Attached are any other matters the members determine to include herein (if this item is checked there must be attachments with the filing).

4 / 9 / 2024  
Date (MM/DD/YYYY)

Kelly Hebert

Signature as required by 10A-5A-2.04

ORGANIZER

Typed title (organizer or attorney-in-fact)

~~\*County of Registered Agents requested in order to determine distribution of County filing fees\*~~

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Additional Details

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Organizers		
Organizer	Street Address	Mailing Address
Kelly Hebert	8687 N Lamhatty Lane Daphne, AL 36526	8687 N Lamhatty Lane Daphne, AL 36526

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Wes Allen  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

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April 09, 2024

Date

A handwritten signature of Wes Allen in black ink.

Wes Allen

Secretary of State

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