P11000047050

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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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AUTHORIZATION BY PHONE TO
CURRECT Name
DATE 5/18/201
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5/9 10 sty W1000000072

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Tripletail, Inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certificate Of Status ADDITIONAL COPY REQUIRED
FROM: Matthew Scott Keller Name	e (Printed or typed)
9923 Indian Key Trail	Address
Seminole, FL 33776 City,	State & Zip
727 595-8240 Daytime T	elephone number
skeller1@tampabay.rr.com E-mail address: (to be use	d for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED 11 MAY 16 AM 10: 49

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 9, 2011

MATTHEW SCOTT KELLER 9923 INDIAN KEY TRAIL SEMINOLE, FL 33776

SUBJECT: TRIPLETAIL, INC. Ref. Number: W11000025672

We have received your document for TRIPLETAIL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name 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) 245-6995.

Jessica A Fason Regulatory Specialist II

Letter Number: 011A00011416

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the co	NAME rporation shall be: Tripletail,	oorg, Inc.	
	PRINCIPAL OFFICE	•	
	Principal <u>street</u> address	Mailing addre	ess, if different is:
a c	923 Indian Key Trail		
Š	eminole, FL 33776		.^
RTICLE III	DIPLOCE		
	hich the corporation is organized is:		
• •	on is organized for the purpose of tra	ansacting any and all lay	vful business.
ms corporati	on is organized for the purpose of the	anodoling any and an lav	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
RTICLE IV	SHARES One hundred (100) sgares	if One Dellar (1.00) par	value stock which shall
he number of shar	res of stock ibe designated Common Sh	nares	value Stock, Willott Stiall
	INITIAL OFFICERS AND/OR DIRECTO		
	tleMatthew Scott Keller, President	Name and Title:	·
Address:	9923 Indian Key Trail	Address:	
	Seminole, FL 33776		
Name and Ti	tleSheila F. Keller, Director	Name and Title:	
Address:	9923 Indian Key Trail	Address:	
	9923 Indian Key Trail	.	
	Seminole, Fl 33776	<u> </u>	
Name and Ti	tle:	Name and Title:	<u>, , , , , , , , , , , , , , , , , , , </u>
Address:		Address:	
		<u></u> .	<u></u>
	REGISTERED AGENT	04 1 1 1	
he <u>name and Flo</u> Name:	rida street address (P.O. Box NOT acceptable) of Sheila F. Keller	of the registered agent is:	
Address:	9923 Indian Key Trail	_	
	Seminole, FL 33776	-	
D#ICI # 1717	INCORPORATOR		
	Iress of the Incorporator is:		
Name:	Matthew Scott Keller		
Address:	9923 Indian Key Trail		
	Seminole, FL 33776		
aving heen name	ed as registered agent to accept service of proce	ss for the above stated corporate	ion at the place designated in
	n familiar with and accept the appointmentas re		
1.		• •	
- Whi	Required Signature/Registered Agent		5-4-11
	Required Signature/Registered Agent		Date
submit this docu	ment and affirm that the facts stated herein a	re true. I am aware that the fal	se information submitted in a
	epartment of State constitutes a third degree felo		
	in Sout Kellie		
	/ / // // // // // // // // // // // //		