

P/7000053788

(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:

Office Use Only



200300115462

06/12/17--01009--021 **122.50

FILED
17 MAY 22 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 06/19/17

W17-049490

06/23/17

TRANSMITTAL LETTER

*Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314*

RE: *Document Number: W17000049490*
Triple S Farms Corporation

Enclosed please find articles for *Triple S Business Corporation*. I would like to apply my payment already submitted in the amount of \$122.50 towards the changed articles. Please note the name and effective date have been changed due to the rejected filing.

From: *Michael Sanders*

1934 Bright Water Dr.

Gulf Breeze, FL 32563

(205) 706-6340

Note: Additional copy of articles is needed when certified copy is requested.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2017

MICHAEL SANDERS
1934 BRIGHT WATER DR.
GULF BREEZE, FL 32563

SUBJECT: TRIPLE S FARMS CORPORATION
Ref. Number: W17000049490

We have received your document for TRIPLE S FARMS CORPORATION and your check(s) totaling \$122.50. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

The document number of the name conflict is P94000073293.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of 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) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 117A00011938

Triple S Business Corporation

ARTICLE I - NAME

Triple S Business Corporation

1934 Bright Water Dr.
Gulf Breeze, FL 32563

100 Shares

*Michael Sanders
1934 Bright Water Dr.
Gulf Breeze, FL 32563*

*Michael Sanders
1934 Bright Water Dr.
Gulf Breeze, FL 32563*

FILED
17 MAY 22 AM 8:50
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLE VI - PURPOSE OF THE CORPORATION

The purpose for which this corporation is organized is:

Any and all lawful business purposes

**ARTICLE VII -
OFFICERS OF THE CORPORATION**

The name and title of the officer(s) of this Corporation is (are):

Michael Sanders, President

**ARTICLE VIII -
EFFECTIVE DATE**

The effective date for the corporation is:

June 19, 2017

The undersigned has (have) executed these Articles of Incorporation this:

Michael Sanders, President *6/19/17*
(Signature and Title) (Date)

FILED
17 MAY 22 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the state of Florida.

- 1.) The name of the Corporation is:

Triple S Business Corporation

- 2.) The name and address of the registered agent and office is:

*Michael Sanders
1934 Bright Water Dr.
Gulf Breeze, FL 32563*

Signature: ☒

Michael Sanders
(Corporate Officer)

Title: ☒

President

Date: ☒

6/19/17

Having been named as registered agent and to accept service of process for the above stated Corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature: ☒

Michael Sanders

Date: ☒

6/19/17

FILED
17 MAY 22 AM 8:50
TALLAHASSEE, FLORIDA