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COVER LETTER

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

SUBJECT: Triple	B Acquisition, Corp.		
	(PROPOSED CORPOR.	ATÉ NAME – <u>MÚST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	rticles of incorporation and a check for: \$78.75 \$\sum \text{S87.50}\$ Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Telephone number and a check for: \$87.50 Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Telephone number	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	OPY REQUIRED
FROM: R	oss H. Manella, Esq. Nam	e (Printed or typed)	
<u>On</u>	e East Broward Blvd., Suite 1		
		Address	
Fo	rt Lauderdale, FL 33301	0	
	City	, State & Zip	
954	4-375-1024		
	Daytime 1	Telephone number	
rma	anella@hinshawlaw.com		
	E-mail address: (to be use	d for future annual report r	notification)

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

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

	ion shall be: Triple B Acquisition, Cor	•		
<u>ARTICLE II PRINC</u>	IPAL OFFICE Principal street address	Maillion a	alalis tratorius tu	
1201 Collins Avenue, Unit 1201		1201 Collins Avenue	ddress, if different is: , Unit 1201	
Bal Harbor, FL 33154		Bal Harbor, FL 3315		
		 .		
ARTICLE III PURPO	<u>SE</u> Any and	all lawful husiness		
The purpose for which if	ne corporation is organized is: Any and		"	
			(O N	
		-11	2023 SEC:	
-		<u>-</u>	20	
				
			%9 ≥ 17	
		·	AM 10: 30	
		<u> </u>	10:3	
			30 7€	
ARTICLE IV SHARE	is			
The number of shares of s	tock is: 100			
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS			
Name and Tide	Ryan Weinstein - P/S/D/T	N. 1.001.4		
Name and Title		Name and Title:	 -	
Address	1201 Collins Avenue, Unit 1201	Address:		
	Bal Harbor, FL 33154			
	Dai Haiboi, i E 33 134			
Name and Title:	·	Name and Title:		
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Address	~	Address:		
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Name and Title:				
Name and Title:		Name and Title:		
Name and Title:_				

Name an	d Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Ross H. Manella		
Address:	One East Broward Blvd., Suite 1010		
	Fort Lauderdale, FL 33301	202 SE	
ADTICLE IVI	N/CORDOR ATOR	3 HA 1(L)	,
	INCORPORATOR	R - 2	2
	Idress of the Incorporator is: Ross H. Manella	Sign N	,
Name:	Ross n. Manella	AM 10: 30 UF STATE SEE, FI	22
Address:	One East Broward Blvd., Suite 1010	A C	
	Fort Lauderdale, FL 33301		
A DOTACE DE LITTE	EEEE CHALLE D. LEE		
Effective date, if	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)	
(If an effective of filing.)	late is listed, the date must be specific and canno	t be more than five days prior or 90 days after the	e
	inserted in this block does not meet the applicable ffective date on the Department of State's records.	statutory filing requirements, this date will not be lis	tec
Having been nan	ned as registered agent to accept service of process fo	r the above stated corporation at the place designated	f ir
	amiliar with and accept the appointment as registere	• •	
R	Required Signature/Registered Agent	3/1/23	
I submit this doc document to the l	ument and affirm that the facts stated herein are t Department of State constitutes a third degree felony	true. I am aware that the false information submitters as provided for in s.817.155, F.S.	ed
Ross f	1. Manslla	3/1/23	
Required Signatu	re/Incorporator	Date	_