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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : COURTACCESS CENTERS, LLC

Account Number : 075350000541 Phone : (813)875-1333

Fax Number : (813)200-1050

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

Email Address: samanthasimmons2005@qmail.com

FLORIDA LIMITED LIABILITY CO.

TripleB Capital LLC

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Audit # H25000006271

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLET

Name and Address

The name of this Limited Liability Company is:

TripleB Capital LLC

The mailing address and street address of the Limited Liability Company are:

7125 Grove Blvd Punta Gorda, FL 33982

ARTICLE II Term of Existence

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

ARTICLE III Purpose and Powers

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

ARTICLE IV Powers

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.



This form was propared with the assistance Of CourtAccess Centers L.I.C., a non-lawyer located at 13046 Race Track Rd. Suite 131, Tampa, FL 33626, 813-875-1333.

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ARTICLE V Initial Registered Office and Agent

The street address of the initial registered office of this Limited Liability Company is:

7125 Grove Blvd Punta Gorda, FL 33982

and the name of its registered agent at such address is:

Samuntha Simmons

ARTICLE VI Management

The name and address of each person authorized to manage and control the Limited Liability Company:

Name and Address

Samantha Simmons, Authorized Member 7125 Grove Blvd Punta Gorda, FL 33982

Dated: Monday, January 06, 2025

Samantha Simmons Authorized Member

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.

Audit # H25000006271

ACCEPTANCE BY REGISTERED AGENT

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 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 as provided for in Chapter 605, F.S.,

--- DocuStaned by:

Date: January 6, 2025	6/1/2
	Samantha Striffions