

**L09000093239**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : TRIAD PROFESSIONAL SERVICES, LLC  
Account Number : I20020000094  
Phone : (770) 777-2091  
Fax Number : (770) 220-1943

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09 SEP 28 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

Centrecorp Management Services LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

W09-43/21

**J. BRYAN**

09/28/2009 09:59

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TRIAD

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September 28, 2009

FLORIDA DEPARTMENT OF STATE

Division of Corporations

TRIAD PROFESSIONAL SERVICES, LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: CENTRECORP MANAGEMENT SERVICES LLC

REF: W09000043121

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

FAX Aud. #: H09000208007  
Letter Number: 609A00031457

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CENTRECORP MANAGEMENT SERVICES LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon K. Gray  
(Name of Person)

Triad Professional Services, LLC  
(Firm/Company)

2050 Marconi Drive, Suite 150  
(Address)

Alpharetta, GA 30005  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon K. Gray at ( 770 ) 777-2048  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CENTRECORP MANAGEMENT SERVICES LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

4650 Donald Ross Rd., Ste. 200  
Palm Beach Gardens, FL 33418

**Mailing Address:**

2851 John Street, Ste. One  
Markham, Ontario L3R 5R7  
Canada

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**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**  
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

NRAI Services, Inc.  
Name

2731 Executive Park Drive, Suite 4  
Florida street address (P.O. Box **NOT** acceptable)

Weston FL 33331  
City, State, and Zip

*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 608, F.S.*

NRAI Services, Inc.

By: Sharon K. Gray  
Registered Agent's Signature (REQUIRED)  
Sharon K. Gray, Assistant Secretary

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

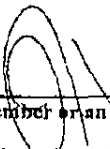
<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager "MGRM" = Managing Member	
<u>MGR</u>	<u>John W.S. Preston</u> <u>4650 Donald Ross Rd., Ste. 200</u> <u>Palm Beach Gardens, FL 33418</u>
<u>MGR</u>	<u>Robert S. Green</u> <u>2851 John Street, Ste. One</u> <u>Markham, Ontario L3R 5R7 (Canada)</u>
<u>MGR</u>	<u>Stephen S.B. Preston</u> <u>8210 Campbell Rd., Ste. 140</u> <u>Dallas, TX 75248</u>
<u>MGRM</u>	<u>North American Realty Services, I.LLP</u> <u>4650 Donald Ross Rd., Ste. 200</u> <u>Palm Beach Gardens, Fl. 33418</u>

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
 \_\_\_\_\_  
 Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert S. Green  
 \_\_\_\_\_  
 Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)