

L14000952587

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000228685 3)))



H140002286853ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000C94
Phone : (770)777-2091
Fax Number : (770)220-1943

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

Email Address: _____

RECEIVED

14 SEP 30 AM 11:09

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
1754 ARDENT, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

FILED
14 SEP 30 AM 11:09
STATE

B. BOSTICK

OCT - 1 2014

EXAMINER

**ARTICLES OF ORGANIZATION
OF
1754 ARDENT, LLC
a Florida limited liability company**

ARTICLE I - Name: The name of the Limited Liability Company is:
1754 ARDENT, LLC

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

2333 Ponce De Leon Blvd., Suite 1000
Coral Gables, Florida 33134

ARTICLE III - Management: The Limited Liability Company is a manager- managed company.

ARTICLE IV - Registered Agent, Registered Office and Registered Agent's Signature:

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

Name: NRAI Services, Inc.
Address: 2731 Executive Park Drive, Suite 4
Weston, Florida, 33331

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..

Mary Paris, Assistant Secretary

Registered Agent's Signature

Mary Paris, Assistant Secretary

Signature of a member or an authorized representative of a member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 section 817.155, F.S.)

National Registered Agents, Inc., Mary Paris, Assistant Secretary
Typed or printed name of signor

FILED
2014 SEP 30 4 11 PM
WEST STATE