Division of Corporations **Electronic Filing Cover Sheet**

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(((H09000249104 3)))



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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

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

Email Address:

FLORIDA/FOREIGN LP/LLLP NADG CALIFORNIA, LLLP

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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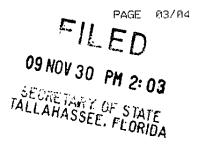
11/30/2009

DEC 1 - 28094

COVER LETTER

TO:	Registration Division of C	Section Corporations				
SUBJ	SUBJECT: NADĢ CALIFORNIA, LLLP					
]	Name of Florida Limited F	artnersh	ip or Limited Liabil	ity Limited Partnership	
The e	nclosed Certifi	icate of Limited Partn	ership s	und fees are subn	oitted for filing.	
Please	return all cor	respondence concerni	ng this	matter to:		
	م ېدنداد ودو پې دوله د ه _{د د} .	Sharon K. Gray				
		Contact Person				
	Triad P	rofessional Services Firm/Company	i, LLC	A Company of the Comp		
	2050	Marconi Drive, Ste.	150			
		Address				
	Al	pharetta, GA 30005	5			
	C	ity, State and Zip Code				
<u>roxar</u>	ne@annualre -mail address: (to	gistration.com be used for future annual	report n	otification)	_	
For fu	uther informat	ion concerning this m	atter, pl	lease call:		
	Sharo	on K. Gray	at (770) 777	-2091	
	Name of Conta				ime Telephone Number	
Enclo	sed is a check	for the following amo	unt:			
(\$965]	00.00 Filing Fees filing Fee and gistered Agent	\$1,008.75 Filing Fee and Certificate of Status	12 V end	,052.50 Filing Fees Certified Copy	\$1,061.25 Filing Fees, Certified Copy, and Certificate of Status	
	ET ADDRES			MAILING A		
Registration Section Division of Corporations		Registration Section Division of Corporations				
	n Building	HOTIS		P. O. Box 63:		
2661 I	Executive Cen assee, FL 323			Tallahassee,	FL 32314	
CR2E0	30 (01/06)					

(((H090002491043)))



CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

NADG CALIFORNIA, LLLP
Limited Partnership or Limited Liability Limited Partnership, which must include suffix) nited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. nited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
4650 Donald Ross Road, Ste. 200
(Street address of initial designated office)
Palm Beach Gardens, FL 33418
NRAI Services, Inc.
(Name of Registered Agent for Service of Process)
2731 Executive Park Drive, Ste. 4
(Florida street address for Registered Agent)
Weston, FL 33331
cept the appointment as registered agent and agree to act in this capacity. I further agree to a provisions of all statutes relative to the proper and complete performance of my duties, ar with and accept inelabligations of my position as registered agent. Signature of Registered Agent
2851 John Street, Suite One (Mailing address of initial designated office)

8. Name and business address of each ger Name:	neral partner: <u>Business Address:</u>		
NADG California Corporation	4650 Donald Ross Road, Ste. 200		
P09-96824	Palm Beach Gardens, FL 33418		
	Agricultural de des Aldrigues en		
9. Effective date, if other than the date of filing:			
(Effective date cannot be prior to nor more filed by the Florida Department of State.)	than 90 days after the date the document is $\overline{\underline{A}}$	 20	
Signed this 30th day of	November , 2009 . A	VON 60	77
Signature of each general partner:	ASS	30	-
Jes. (f/)	ROBERT GREEN, VP OF GRES	PH 2: (ED
	DA	03	
Filing Fees: \$1,00 Certified Copy (optional): \$52.5 Certificate of Status (optional): \$8.75			

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