

L02000017387

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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.

(((H02000164604 9)))

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) 205-0383

From:

Account Name : GARY M. BERKSON, P.A.
Account Number : I20000000003
Phone : (407) 841-4141
Fax Number : (407) 841-4148

RECEIVED
02 JUL 11 AM 10:44
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Triage CFO Solutions LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FILED
02 JUL 11 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H020000164604 9)))

**ARTICLES OF ORGANIZATION
OF
TRIAGE CFO SOLUTIONS LLC**

FILED
02 JUL 11 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I

Name. The name of the limited liability company shall be TRIAGE CFO SOLUTIONS LLC ("Company").

ARTICLE II

Address. The mailing address of the principal office of the Company shall be P.O. Box 616835, Orlando, FL 32861-6835 and street address of the Company shall be 8009 Saint Andrews Circle, Orlando, FL 32835.

ARTICLE III

Duration. The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the Company is earlier dissolved as provided in the operating agreement of the Company.

ARTICLE IV

Initial Registered Office and Agent. The street address of the initial registered office of the Company is Suite 1200, 111 N. Orange Avenue, Orlando, FL 32801 and the name of the initial registered agent of the Company at that address is GARY M. BERKSON.

ARTICLE V

Management. The Company shall be managed by a manager or managers in accordance with an operating agreement adopted by the members for the management of the business and affairs of the Company. The operating agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization. The name and address of the initial manager of the Company is:

(((H020000164604 9)))

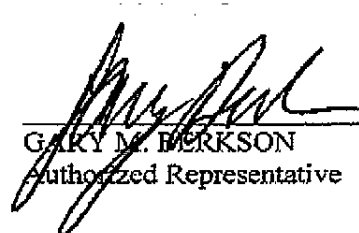
(((H020000164604 9)))

NAMEADDRESS

Brian D. Coy

8009 Saint Andrews Circle
Orlando, FL 32835

IN WITNESS WHEREOF, the undersigned does set his hand and seal and has acknowledged and filed the foregoing Articles of Organization under the laws of the State of Florida this 11th day of July, 2002


GARY M. BERKSON
Authorized RepresentativeSTATE OF FLORIDA
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared GARY M. BERKSON, to me personally known to be the person described in and who executed the foregoing Articles of Organization and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 11th day of July, 2002.


NOTARY PUBLIC MELODEE A. HAWORTH

(((H020000164604 9)))

FILED
02 JUL 11 PM 3:09
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

(((H020000164604 9)))

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE****TRIAGE CFO SOLUTIONS LLC**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED SUBMITS THE FOLLOWING STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the limited liability company is TRIAGE CFO SOLUTIONS LLC
2. As designated in the Articles of Organization filed with this designation, the name and the Florida street address of the registered agent is:

Gary M. Berkson
Moran & Shams, P.A.
111 N. Orange Avenue, Suite 1200
Orlando, Florida 32801

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.



Gary M. BerksonJuly 11, 2002

(((H020000164604 9)))

G:\WPDATA\QMB\files\gmb\6078-000\DesigRA.WPD

FILED
02 JUL 11 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA