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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

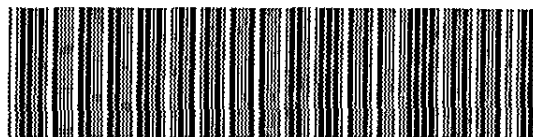
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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DIVISION OF CORPORATIONS  
03 MAY 21 AM 10:11

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Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 MAY 21 AM 10:11

Dear Sir / Madam,

My name is DOMISITA G. MERCADER,  
authorized representative to represent  
TRIAD HOMES LLC. My address is:  
15520 Granby PL Tampa, FL 33624,  
Tel No: (813) 269-8822.

Enclosed with this letter is a check  
of \$125.00 for Registration fee for  
Articles of Organization & Designation  
of Registered Agent as well as the Articles  
of Organization application form.

Thank you.

*Domisita G. Mercader*  
Domisita G. Mercader

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

TRIAD HOMES LLC

## ARTICLE II - Address:

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

15520 GRANBY PL. TAMPA, FL. 33624

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

DOMISITA G. MERCADER

Name

15520 GRANBY PL.

Florida street address (P.O. Box **NOT** acceptable)

TAMPA FL 33624

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.

*Domisita G. Mercader*

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

*Maria Luisa Yap*

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.)

MARIA LUISA YAP

Typed or printed name of signee

### Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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