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10-20-03

To: Division of Corporations

From: Donald A. Murff

Subject: Articles of Organization for a Florida Limited Liability Company

LLC name: Triad Solutions LLC

Donald A. Murff
1443 Lee Road
Jacksonville, Fl. 32259
904-287-6851

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SECRETARY
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIAD SOLUTIONS 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:

DONALD A. MURPHY

(Name of Person)

(Firm/Company)

1443 LEE AV

(Address)

JACKSONVILLE, FL 32259

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

DONALD A. MURPHY

(Name of Person)

at (904) 282-6851

(Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRIAD SOLUTIONS LLC**ARTICLE II - Address:**

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

Principal Office Address:1443 LEE RD.
JACKSONVILLE, FL 32259**Mailing Address:**1443 LEE RD
JACKSONVILLE, FL 32259**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

DONALD A. MURFF
Name1443 LEE RD.
Florida street address (P.O. Box NOT acceptable)JACKSONVILLE FLORIDA 32259
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, Florida Statutes..

Donald A. Murff
Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRDONALD A. MURFF
1443 LEE RD.
JACKSONVILLE, FL. 32259

(Use attachment if necessary)

FILED
03 OCT 27 AM 10:37
TALLAHASSEE, FLORIDA**NOTE: An additional article must be added if an effective date is requested.****REQUIRED SIGNATURE:**Donald A. Murff
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.)

DONALD A. MURFF
Typed or printed name of signer**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)