

L04000041549

Florida Department of State
Division of Corporations
Public Access System

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.

((H04000117548 3)))

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

RECEIVED
04 JUN -2 PM 1:32
DIVISION OF CORPORATION

To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

2004 JUN -2 A 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

LIMITED LIABILITY COMPANY

triad group investments, llc

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Help

(4)

H04000117548

ARTICLES OF ORGANIZATION
OF
TRIAD GROUP INVESTMENTS, LLC

The undersigned two or more persons hereby form a limited liability company and adopt as the Articles of Organization of such limited liability company the following:

I. THE NAME OF THE LIMITED LIABILITY COMPANY:

Triad Group Investments, LLC

II. THE MAILING ADDRESS AND STREET ADDRESS OF THE THE PRINCIPAL OFFICE OF THE LIMITED LIABILITY COMPANY IS:

13068 N.W. 9 Terrace, Miami, FL 33182

III. THE PERIOD OF ITS DURATION:

This Limited Liability Company shall exist for a period of Ninety-Nine Years from the date of filing these Articles of Organization with the Florida Department of State, Division of Corporations, unless sooner dissolved as provided by statute.

IV. THE NAME AND ADDRESS OF THE REGISTERED AGENT IN FLORIDA:

Ana Cristina Porry, 13068 N.W. 9 Terrace, Miami, FL 33182

V. MANAGEMENT:

The Limited Liability Company is to be managed by the Board of Managers and their titles are:

Claudio J. Alegre, General Manager
Ana Cristina Porry, Manager

VI. MEMBERS:

The Limited Liability Company shall consist of the following Members, who shall own an undivided interest in the Company as follows:

Claudio J. Alegre	50%
Ana Cristina Porry	50%

2009 JUN -2 A 9:07
SECRETARY
TALLAHASSEE

FILED

H04000117548

VII. THE RIGHT, IF GIVEN, OF THE MEMBERS TO ADMIT ADDITIONAL MEMBERS, AND THE TERMS AND CONDITIONS OF THE ADMISSIONS:

Additional members may be admitted only at such times and on such terms and conditions as Members may unanimously agree.

VIII. THE RIGHT, IF GIVEN, OF THE REMAINING MEMBERS OF THE LIMITED LIABILITY COMPANY TO CONTINUE THE BUSINESS ON THE DEATH, RETIREMENT, RESIGNATION, EXPULSION, BANKRUPTCY OR DISSOLUTION OF A MEMBER OR OCCURRENCE OF ANY OTHER EVENT WHICH TERMINATES THE CONTINUED MEMBERSHIP OF A MEMBER IN THE LIMITED LIABILITY COMPANY:

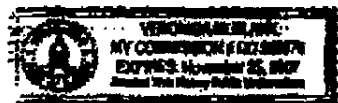
The remaining members of the Company may continue the business upon the termination of membership of a Member in the Company upon unanimous agreement.

IN WITNESS WHEREOF, THE PARTIES HERETO HAVE EXECUTED THESE ARTICLES OF ORGANIZATION.


Ana Cristina Porry

STATE OF FLORIDA

COUNTY OF MIAMI-DADE



BEFORE ME personally appeared Ana Cristina Porry who is to me known to be the person who executed the foregoing Articles of Organization.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 1st day of June, 2004.


Notary Public - State of Florida

Commission Expires: 11-25-2007

Personally known _____ or Produced Identification ✓
Type of identification Produced _____

H04000117548

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

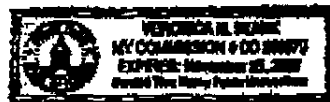
PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507,
FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY
SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is Triad Group Investments, LLC, a Florida Limited Liability Company.
2. The name and address of the registered agent and office is Ana Cristina Porry, 13068 N.W. 9 Terrace, Miami, FL 33182.

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.


Ana Cristina Porry

Date: 6/01/04



STATE OF FLORIDA)
)ss
COUNTY OF MIAMI-DADE)

BEFORE ME personally appeared Ana Cristina Porry who is to me known to be the person who executed the foregoing Articles of Organization.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 1st day of June, 2004.


Veronica Blank
Notary Public - State of Florida

Commission Expires: 11-25-2007

Personally known _____ or Produced Identification ☒
Type of Identification Produced _____

H04000117548