

**W5000002172**

**(4)**

Florida Department of State  
Division of Corporations  
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**((H05000003024 3)))**

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

**From:**  
Account Name : TRIAD PROFESSIONAL SERVICES, LLC  
Account Number : I20020000094  
Phone : (770) 777-2091  
Fax Number : (770) 777-2094

**LIMITED LIABILITY COMPANY**

**3420 The Club LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

January 6, 2005

TRIAD PROFESSIONAL SERVICES, LLC

SUBJECT: 3420 THE CLUB LLC  
REF: W05000000763

*Re-submissions*

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please refile the entire document, the 2nd page was not received, (Management listing and members signature).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Michelle Hodges  
Document Specialist

FAX Aud. #: H05000003024  
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DIVISION OF CORPORATIONS

Division of Corporations - P.O. BOX 6327 Tallahassee, Florida 32314

Jan. 6. 2005 1:05PM

No. 0837 P. 2

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

3420 The Club, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**105 North Eola Dr. #2 Orlando, FL 32801**Mailing Address:**105 North Eola Dr. #2 Orlando, FL 32801**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Justin Morrow

Name

105 North Eola Dr. #2Florida street address (P.O. Box NOT acceptable)OrlandoFLORIDA 32801

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..*

By: 

Registered Agent's Signature

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2005

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**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:**MGRMJustin Morrow105 North Eola Dr. #2Orlando, FL 32801MGRMRafael Luciano105 North Eola Dr. #2Orlando, FL 32801MGRMMarienne Jones8381 Bowden WayWindermere, FL 34786

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**  
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.)

Justin Morrow, Authorized Representative

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)