

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

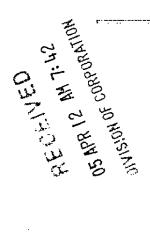
Fax Number : (850)205-0383

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094 Phone : (770)777-2091

Fax Number

: (770)777-2094



LIMITED LIABILITY COMPANY

RAVELLO LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RAVELLO LLC			-
ARTICLE II - A The mailing addre		f the principal office of the Limited Liability Compar	ny is:
Principal Office	Address:	Mailing Address:	
15340 Jog Road		15340 Jog Road	-
Suite 200		Suite 200	_
Delray Beach, FL 3	13408	Defray Beach, FL 33496	
		Deliay 16801, FE 33480	-
ARTICLE III - I	Registered Agent, Reg	pistered Office, & Registered Agent's Signature: of the registered agent are:	05 APR 12
ARTICLE III - I	Registered Agent, Reg	pistered Office, & Registered Agent's Signature: of the registered agent are:	2
ARTICLE III - I	Registered Agent, Reg Florida street address	istered Office, & Registered Agent's Signature:	12 AM
ARTICLE III - I	Registered Agent, Reg Florida street address	pistered Office, & Registered Agent's Signature: of the registered agent are:	12 AM 8:
ARTICLE III - I	Registered Agent, Reg Florida street address NRAI Services, Inc. 2731 Executive Park D	ristered Office, & Registered Agent's Signature: of the registered agent are:	12 AM
ARTICLE III - I	Registered Agent, Reg Florida street address NRAI Services, Inc. 2731 Executive Park D	ristered Office, & Registered Agent's Signature: of the registered agent are:	12 AM 8: 1

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..

NRAI Services, Inc.

By: May Paw

Registered Adout's Signature

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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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	Michael Morton 15340 Jog Road, Suite 200 Deirey Beach, FL 33498		
·		SECHE I	05 APR 1
(Use attachment if necessary)		Y CF STAT	2 AM 8:
NOTE: An additional article must be	idded if an effective date is requested.	ЖH	2
(In accordance with section 608.4 of this document constitutes an affithm the facts stated herein are true	thorized representative of a member. 08(3), Florida Statutes, the execution furnation under the penalties of perjury and the statutes of perjury and the statute of algorithm and of algorithm.		

Filing Fees:
\$160.00 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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