

L05000118553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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05 DEC 13 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 DEC 13 PM 12:10

STATE
REGISTRAR
TALLAHASSEE, FLORIDA

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- TRIAD CONSULTING SERVICES GROUP, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
Triad Consulting Services Group, LLC.,
a Limited Liability Company**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I
Name**

The name of the Limited Liability Company is: Triad Consulting Services Group, LLC.

**ARTICLE II
Address**

The mailing address and street address of the principal office of the Limited Liability Company is: 9246 Troon Lakes Drive, Naples, Florida 34109.

**ARTICLE III
Duration**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV
Management**

The Limited Liability Company is to be managed by a Manager or Managers, except to the extent the discretion, authority or power to make the decisions is reserved to the Members in the Company's Regulations.

**ARTICLE V
Requirement that the Regulations be in Writing**

All Regulations relating to this Limited Liability Company must be in writing and signed by all of the Members.

**ARTICLE VI
Registered Agent and Office**

The Company's initial registered agent and address of the registered office in Florida is: William J. Rundorff, 9246 Troon Lakes Drive, Naples, Florida 34109.

IN WITNESS WHEREOF, I have signed these Articles this 9th day of December, 2005.


William J. Rundorff, Member

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TALLAHASSEE, FLORIDA

ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service of process for the above-stated limited liability company, at the place designated in Article VI of these Articles of Organization, the undersigned party hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete discharge of his duties.

Dated this 9th day of December, 2005.


William J. Rundorff, Registered Agent