Florida Department of State

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.

(((H060000687653)))

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : 120020000094

Phone : (770)777-2091 Fax Number : (770)220-1943 Fax Number

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

Camille's Cafe of North Miami, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

## **COVER LETTER**

TO: Registration S Division of Co						
SUBJECT: CAMI	LLE'S CAFE OF N					
	(Name of Limite	d Liability Company)	t			
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.				
Please return all corresp	condence concerning this matte	er to the following:				
Sharon K	. Gray					
	(	Name of Person)			S	OIV
Triad Pro	fessional Service	s, LLC			2006 MAR 15	DIVISION OF CORPORATION
	(	(Firm/Company)			- 20	9
2050 Ma	rconi Drive, Ste.					CORP
		(Address)			AH 12: 1	OR A
Alpharet	ta, GA 30005					HOH
<del></del>	(City.	/State and Zip Code)				
For further information	concerning this matter, please	call:				
Sharon K. Gra	Υ	at 770 7	77-204	18		
(Name	of Person)	(Area Code & U	Daytime Te	lephone Number)		
Enclosed is a check fo	or the following amount:					
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy is end	•	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314	Street/Courie Registration Se Division of Co Clifton Buildi 2661 Executiv Tallahassec, F	ection orporation ing ve Center (	s		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Camille's Cafe of N (Must end with the words "Lin		Limited Company" or their abbreviation "LLC," or	"L.C.,")
ARTICLE II - Addre			
The mailing address ar	nd street address of the	he principal office of the Limited Liabil	Inty Compa <b>e</b> is: S
Principal Office Add	ress:	Mailing Address:	VISION C
14776 Biscayne Blvd.		1228 Southgate Drive	R PA
N. Miami Beach, FL 33	3181	Pittsburgh, PA 15241	TARY OF SIAIL OF CORPORATIONS
business entity with an active	•	the registered agent are:	
	RAI Services, Inc.		
		Name	
<u>N</u> F	N	Name	
<u>N</u> F	731 Executive Par	Name	
<u>NF</u> <u>27</u>	731 Executive Par	Name rk Drive, Suite 4	
<u>NF</u> <u>27</u>	731 Executive Par Florida streeston, FL 33331	Name rk Drive, Suite 4 ret address (P.O. Box NOT acceptable)	

(CONTINUED)
Page 1 of 2

MGRM    MGRM   MGRATE OKIVE	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
(Use attachment if nocessary)  CLE V: Effective date, if other than the date of filing:	MGRM	11758URGU PA 152418
CLE V: Effective date, if other than the date of filing:		
CLE V: Effective date, if other than the date of filing:		HARESH MAGRAL W
	•	
	effective date is listed, the date must b 0 days after the date of filing.)	·
ment Nappal	effective date is listed, the date must b	ent Nappal
Signature of a member or an authorized representative of a member.  (In accordance with section 608.408(3), Florida Statutes, the execution	effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member	( <i>)</i> /

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.05 Certified Copy (Optional)
\$ 5.06 Certificate of Status (Optional)

Filing Fees: