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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

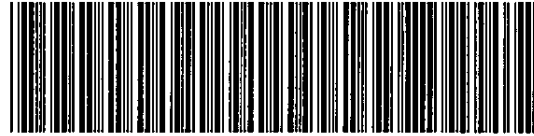
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DIVISION OF CORPORATIONS
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COVER LETTER-FLORIDA LIMITED LIABILITYCOMPANY

TO: Registration Section
Division of Corporations

SUBJECT:
Name of Limited Liability Company: TRIAD RAILROAD CONSULTING, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person: Paul V. Bodnar, Jr.
Firm/Company: TRIAD RAILROAD CONSULTING, LLC
Address: 18510 SE Lakeside Drive
City/State/Zip Code: Tequesta, Florida 33469-8119
Telephone: 561-745-8420
Cell Phone: 561-743-1021

For further information concerning this matter, please call:

Name of person: Paul V. Bodnar, Jr.
Daytime Telephone Number: 561-743-1021

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee
- ☒ \$130.00 Filing Fee & Certificate of Status
- ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ \$160.00 Filing Fee, Certificate of Status, & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY-Page 1 of 2

ARTICLE #1-Name:

The name of the Limited Liability Company is: TRIAD RAILROAD CONSULTING, LLC
(Must end with the words "Limited Liability Company", "Limited Company", or their abbreviation "LLC", or "L.C.,")

ARTICLE #2- Address:

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

Principal Office Address:

Street: 18510 SE Lakeside Drive
City/State/Zip Code: Tequesta, Florida 33469-8119

Mailing Address:

Street: 18510 SE Lakeside Drive
City/State/Zip Code: Tequesta, Florida 33469-8119

ARTICLE #3-Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name: Paul V. Bodnar, Jr.

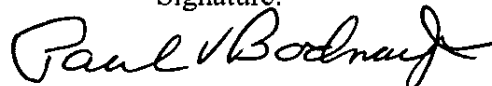
Florida Street Address (P.O. Box **NOT** acceptable): 18510 SE Lakeside Drive

City/State/Zip: Tequesta, Florida 33469-8119

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, F.S.

Registered Agent's Signature (REQUIRED)

Signature:



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY-Page 2 of 2

ARTICLE #4-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

Title: MGR

Name: George A. Gavalla

Address: 11 Cherry Hill Road

City/State/Zip: Norwich, CT 06360-5201

Title:

Name:

Address:

City/State/Zip:

Title:

Name:

Address:

City/State/Zip:

Title:

Name:

Address:

City/State/Zip:

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ARTICLE #5:

Effective date, if other than the date of filing---

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Required Signature:

Signature of a member or an authorized representative of a member:

Signature: 

(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.)

Typed or printed name of signee:

PAUL V BODNAR JR