07/19/2-37 13:22 Division of Corporations

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Division of Corporations

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Account Name

: TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094

Phone

: (770)777-2091

Fax Number

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FLORIDA/FOREIGN LIMITED LIABILI

GGLH, LLC

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COVER LETTER

70:	Registration of	n Section Corporations			
SURJE	CT: GGLH,	LLC ,			
44		(Name of Lim	ited Liability Company)		•
The enc.	losed Articles	of Organization and fee(s) are	submitted for filing.		
Picase re	eturn all corre	espondence concerning this ma	tter to the following:		
_		William M. Poole	, 945 E. Pacce Forry Rd, Ste 270	00,	-
as t	• .	+ 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1	(Name of Person)	5.	. →.
		Epste	in Becker & Orcen, PC,	The second second	
_			(Firm/Company)		_
ora _	,	945 E. 1	Paces Ferry Rd, Stc 2700,	s to sure to the property	
			(Address)		
		Atlant	ta, Georgia 30326-1380		
•-			ty/State and Zip Code)	**	-
For furth Both Ba		on concerning this matter, pleas			
-		me of Person)	(Area Code & Daytime T	elephone Number)	1
England	dien sback	for the following amount:		•	
			Петага-ти — в Г		
<u>[∆</u>]\$125.0	0 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fce & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is engion	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahasses, FL 32301	r Circle	IS AN 8: 30

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name; The name of the Limited Liability Cor	npany is:	1
GGLH, LLC		
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		$a_{ij} = \frac{a_{ij}}{a_{ij}}$
the mailing address and street address	of the principal office of the Limited Liability Company	
Principal Office Address:	Mailing Address:	en de la composition de la composition La composition de la composition della compos
20283 State Road 7, Suite 400	20283 State Road 7 Suite 400	100mg . 6000 25 7 25 5
Bocs Raton, FL 33498	Boca Raton, FL 33498	March March Park Commencer (1994)
ARTICLE III - 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 mother business entity with an active Florida registration.)		to Miller He loop if a real out to a case of the second relations
The name and the Florida street addres	s of the registered agent are:	the money with the me to be the
N	RAI Services, Inc.	
	Name	,
2731 Exe	ecutive Park Drive, Suite 4	
	a street address (P.O. Box NOT acceptable)	
	Weston FI. 33331	
Ç	ity, State, and Zip	
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position. Registered Agent	nt and to accept service of process for the above stated lin nated in this certificate, I hereby accept the appointment is capacity. I further agree to comply with the provisions implete performance of my duties, and I am familiar with in as registered agent as provided for in Chapter 608, ESONTINUED)	as of all and
	Page 1 of 2	

FL052 - 01/28/2007 C T System Online

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	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
	MGR	Harry Schulman	
		20283 State Road &, Suite 400 Bocs Raton, FL 33498	
		BOCE (GLOI), F.C 33496	
	A CONTRACTOR OF THE SECOND		
n in the second	A SECTION OF THE SECT		
·	(Use attachment if necessary)	201 - 17 ²⁹	
ARTIC		of filing: (OPTION ecific and cannot be more than five business d	
(If an e	0 days after the date of filing.)		
(If an e	REQUIRED SIGNATURE:	Intale	

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Typed or printed name of signee

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)