

Florida Department of State

Division of Corporations

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To: Division of Corporations  
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From: Account Name : CSH SERVICES, LLC  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Triple D Consulting, LLC**

Certificate of Status	0
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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

## ARTICLE I NAME

The name of the Limited Liability Company is:

Triple D Consulting, LLC

## ARTICLE II ADDRESS

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

5119 NW 48th Ave.

Coconut Creek, FLORIDA 33073

## ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

Darlene Nardone

5119 NW 48th Ave

Coconut Creek, FLORIDA 33073

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Having been named as registered agent 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..

x Darlene Nardone

Darlene Nardone / Registered Agent's signature

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Triple D Consulting, LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

**MANAGING MEMBER:**

Darlene Nardone

5119 NW 48th Ave

Coconut Creek, FLORIDA 33073

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\*\*\*\*\*

x Darlene Nardone

Signature of a member or an authorized representative of a member

(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.

Darlene Nardone