

Division of Corporations

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Florida Department of State

Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : TRIAD PROFESSIONAL SERVICES, LLC  
Account Number : I20020000094  
Phone : (770) 777-2091  
Fax Number : (770) 220-1943

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

RECEIVED

08 JUL 31 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SEAVIEW LABS, LLC

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

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Corporate Filing Menu

G. MCLEOD

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AUG - 1 2008

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SEAVIEW LABS, LLC**  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

**Sharon K. Gray**  
(Name of Person)

**Triad Professional Services, LLC**  
(Firm/Company)

**2050 Marconi Drive, Suite 150**  
(Address)

**Alpharetta, GA 30005**  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Sharon K. Gray** at **770** **777-2091**  
(Name of Person) (Area Code & Daytime Telephone Number)

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**

**OF**

**SEAVIEW LABS, LLC**

This Certificate of Formation pertains to the formation of Seaview Labs, LLC, a limited liability company organized under the Florida Limited Liability Company Act, as follows:

1. The name of the limited liability company is Seaview Labs, LLC, (the "Company").
2. The address of the Company's principal office in the State of Florida is 2851 Seminole Street, Miami, FL 33133.
3. The address of the Company's registered office in the State of Florida is 2731 Executive Park Drive, Suite 4, Weston, FL 33331. The registered agent at such address is NRAI Services, Inc.

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of Formation as of the 31<sup>st</sup> day of July, 2008.

  
Donn Beloff, Authorized Person

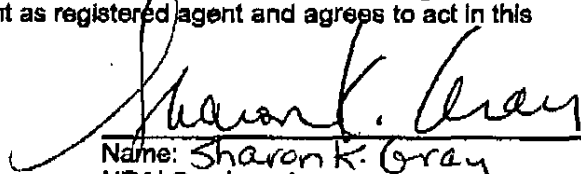
08 JUL 31 AM 8:45  
SECRET  
DIVISION OF CORPORATE  
REGISTRATION

**CONSENT OF REGISTERED AGENT**

**OF**

**SEAVIEW LABS, LLC**

Having been named as registered agent to accept service of process for the above-referenced limited liability company at the place designated herein, the undersigned confirms familiarity with and accepts the appointment as registered agent and agrees to act in this capacity.



Name: Sharon K. Gray  
NRAI Services, Inc.  
Date: July 31, 2008

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