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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : 120020000094
Phone : (770) 777-2091
Fax Number : (770) 220-1943

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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10 FEB 11 AM 8:42
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.
LF2 PREFERRED ACQUISITIONS LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

S. HAWKES
FEB 12 2010
EXAMINER

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LF2 PREFERRED ACQUISITIONS 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, Ste. 150
Address

Alpharetta, GA 30005
City/State and Zip Code

roxane@annualregistration.com
E-mail address: (to be used for future annual report notification)

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 FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LF2 Preferred Acquisitions LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:4650 Donald Ross Rd. Ste. 200
Palm Beach Gardens, FL 33418**Mailing Address:**2851 John Street, Ste. 1
Markham, Ontario L3R 5R7**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 another business entity with an active Florida registration.)

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

NRAI Services, Inc.

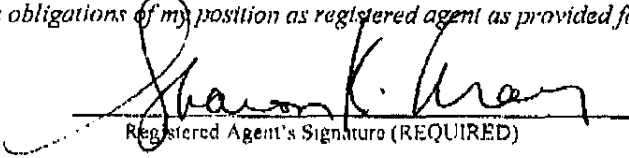
Name

2731 Executive Park Dr., Ste. 4Florida street address (P.O. Box **NOT** acceptable)Weston, FL 33331

FL

City, State, and Zip

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)

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TALLAHASSEE, FLORIDA

ARTICLE IV- 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

Name and Address:MGRMLF2 Preferred LP4650 Donald Ross Rd., Ste. 200Palm Beach Gardens, FL 33418MGRRobert S. Green2851 John Street, Ste. OneMarkham, Ontario L3R 5R7MGRJeffrey Preston4650 Donald Ross Rd., Ste. 200Palm Beach Gardens, FL 33418SEE ATTACHED FOR ADDITIONAL MGRS.

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(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.

(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.)

Robert S. Green

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

**ATTACHMENT TO ARTICLES OF ORGANIZATION
OF
LF2 PREFERRED ACQUISITIONS LLC**

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
---------------	--------------------------

"MGR" = Manager

"MGRM" = Managing Member

MGR

<u>Rod Sheldon</u> <u>2255 Glades Road, Ste. 324-A</u> <u>Boca Raton, FL 33431</u>
--

MGR

<u>Peter Brock</u> <u>4650 Donald Ross Rd., Ste. 200</u> <u>Palm Beach Gardens, FL 33418</u>
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