

L100000039497

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000082256 3)))



H100000822563ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : COMPUTAX USA INC.
Account Number : T20000000254
Phone : (727) 546-3335
Fax Number : (727) 546-3365

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

Email Address: _____

RECEIVED

10 APR 12 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
ATRIA GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

A. LUNT

APR 13 2010

EXAMINER

Electronic Filing Menu Corporate Filing Menu

Help

H10000082256 3

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

ATRIA GROUP, LLC

ARTICLE II - Address:

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

**1535 Gulf To Bay Blvd
Clearwater FL 33755**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

**Marek Pietryniak
1535 Gulf To Bay Blvd
Clearwater FL 33755**

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

H10000082256 3

FILED
2010 APR 12 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H10000082256 3

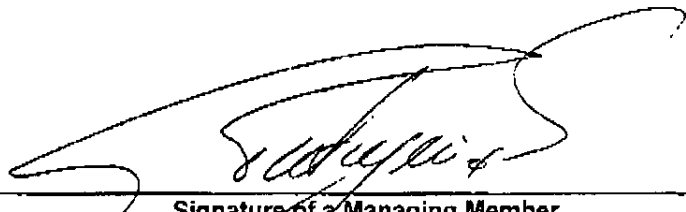
ARTICLE IV - Manager(s) or Managing Member(s):

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

<u>Title:</u>	<u>Name and Address:</u>
Managing Member	Triple V, LLC 1535 Gulf To Bay Blvd Clearwater FL 33755
Managing Member	Rock It Group, LLC 5613 2nd Ave N St Petersburg FL 33710
Managing Member	Yogi Solutions LLC 200 Central Ave. Ste 170 St Petersburg FL 33701

FILED
2010 APR 12 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:



Signature of a Managing 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.)

Marek Pietryniak_____
Typed or printed name of signee

H10000082256 3