

L1000020028839
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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TALLAHASSEE, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.
POWER CONSULTING LLC**

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

D. BRUCE
SEP 10 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POWER CONSULTING 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

cecilior@comvest.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Sharon K. Gray

Name of Person

at (770) 777-2091

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
POWER CONSULTING LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is: **POWER CONSULTING LLC.**

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company is: 125 Via Del Lago, Palm Beach, Florida 33480

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

The name and the street address of the registered agent are: NRAI Services, Inc., 2731 Executive Park Drive, Suite 4, Weston, Florida 33331.

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.

NRAI Services, Inc., Registered Agent

By: Sharon K. Gray
Name: Sharon K. Gray
Title: Assistant Secretary

ARTICLE IV: - Management

The Limited Liability Company is to be managed by one Member or more Members and is therefore, a member - managed company.

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ARTICLE V: - Manager(s) or Managing Member(s)
The name and address of each Managing Member is as follows:

MGRM

Richard Power
125 Via Del Lago
Palm Beach, FL 33480



Richard Power, 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.)

Richard Power
Typed or printed name of signee

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