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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

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
JDC 417, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
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15 APR 10 AM 10:00

Division of Corporations
Tallahassee, Florida

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR 10 AM 8:29

FILED

APR 13 2015

T. HAMPTON

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
JDC 417, LLC

ARTICLE II - Address:

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

c/o Greenberg Traurig, LLP
MetLife Building
200 Park Avenue
New York, NY 10166

ARTICLE III - Managing Member:

The initial managing member of the Company is:
James J. DeCarlo

ARTICLE IV - Registered Agent, Registered Office and Registered Agent's Signature:

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

Name: NRAI Services, Inc.
Address: 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 605, F.S.



Registered Agent's Signature



Signature of a member or an authorized representative of a member

(In accordance with section 605.0208 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

James J. DeCarlo
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA