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TRITON CONSULTING, LLC

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Triton Consulting		<del></del>			
(Must co	ontain the words "Limited	I Liability Company, "	'L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and stree	t address of the principal	office of the Limited I	Liability Company is:		
<u>Princ</u>	inal Office Address:		Malling Address:		
267 Minorea Aver Coral Gables, Flor					
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stre-	iny cannot serve as its owi in active Florida registrati	n Registered Agent. Yo on.)	t's Signature: ou must designate an individual or		
	Grieninger Law, P.,	A. Name		ین حثر	
				-E8 3	7
	267 Minorca Avenu Florida street addres	ie State 100 ss (P.O. Box <u>NOT</u> acc	ecotable)	FE SE	<b>≃</b> ≃ .
	Coral Gables	Florida	33134	SSE 21	2 5
	City	State	2ip	E G	· 17
Having been named as registered	te, I hereby accept the app provisions of all statutes t	pointment as registered relating to the proper a	nbave stated limited liability compand lagent and agree to act in this capac and complete performance of my dulf provided for in Chapter 605, F.S.	<b>西海</b> 5	C

"MGR" = Manager AMBR  Luis A. Castellanos 267 Minorca Avenue Suite 100 Coral Gables, Florida 33134   (Use attachment if necessary)  E. V.: Effective date, if other than the date of filling:  (OPTIONAL)  retive date is listed, the date must be specific and cannot be more than five business days prior to or filling.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will ment's effective date on the Department of State's records.  E. VI: Other provisions, if any,	<u>Title:</u>	Name and Address:
Luis A. Castellanos  257 Minorca Avenue Suite 100  Coral Gables, Florida 33 134  (OPTIONAL)  EV: Effective date, if other than the date of filing:  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (orticle date is listed, the date must be specific and cannot be more than five business days prior to or filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will ment's effective date on the Department of State's records.  EVI: Other provisions, if any,  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605,0203 (1) (b), Florida Statute I am aware that any false information submitted in a document to the Department of State constitutes a third degree follony as provided for in s.817.155, F.S.  Luis A. Castellance  Typed or printed name of signce  Filing Fees:	"AMBR" = Authorized Member	
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