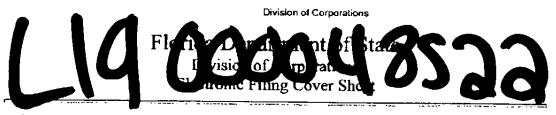
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To:			2
	Division of Co	rporations	<b>بان</b>
	Fax Number	: (850)617-6381	
From:			ي چ
	Account Name	: TRIAD PROFESSIONAL SERVICES	Bone .
	Account Number		<b>1</b>
	Phone	: (850)777-2091	<u>e4.</u>
	Fax Number	: (770)220-1943	Ξ,
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		s for this business entity to be used for	<u> </u>

Email Address:\_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.
MR OF WATERFORD LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MR of Waterford			
(Must co	ntain the words "Limited Lial	bility Company, "I	L.C.," or "LLC.")
RTICLE II - Address: he mailing address and stree	address of the principal offic	e of the Limited L	iability Company is:
Princ	ipal Office Address:		Mailing Address:
5/02 111 4 1374 4	112	5601 3	West Side Ave
5601 West Side A	YC		
North Bergen, NJ CTICLE III - Registered A ne Limited Liability Compositor business entity with a	07047 Agent, Registered Office, & I my cannot serve as its own Re m active Florida registration.)	North Registered Agent egistered Agent. Ye	Bergen, NJ 07047 's Signature: bu must designate an individu
North Bergen, NJ RTICLE III - Registered A The Limited Liability Components business entity with a	oround Registered Office, & In cannot serve as its own Remarker Plorida registration.)	North Registered Agent egistered Agent. Ye	's Signature:
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North Bergen, NJ ARTICLE III - Registered A The Limited Liability Companionother business entity with a	oroun, Registered Office, & Inny cannot serve as its own Rein active Florida registration.) et address of the registered ag  NRAI Services, Inc.  N  1200 South Pine Island	Registered Agent egistered Agent. Ye gent are: Name Road	's Signature: ou must designate an individu

he 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..

Mary Rary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Citle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Nathan Hoffman 5601 West Side Ave
	North Bergen, NJ 07047
	North Delgar, 147 07077
(Use attachment if necessary)	
ective date is listed, the date imiss be of filing.) the date inserted in this block does no nent's effective date on the Departme	ot meet the applicable statutory filing requirements, this date will not
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