

# L9900000 3528

## Document Number Only

C T CORPORATION SYSTEM

### Requestor's Name

660 East Jefferson Street

### Address

Tallahassee, FL 32301 (850)222-1092

City

State

Zip

Phone

### CORPORATION(S) NAME

900002901953--4

-06/11/99--01052--024

\*\*\*\*285.00 \*\*\*\*285.00

FILED

99 JUN 11 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Palmetto Marketing, LLC  
Triad Affiliates, LLC

☐ Profit

☐ NonProfit

☒ Limited Liability Company

☐ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Limited Liability Partnership

☐ Fictitious Name

☐ Certified Copy

☐ Photo Copies

☐ CUS

☐ Call When Ready

☐ Call if Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

W990000013721

Name	6/11/99
Availability	dec
Document Examiner	dec
Updater	dec
Verifier	dec
Acknowledgment	dec
W.P. Verifier	dec

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JOEY

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FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 11, 1999

C T CORPORATION SYSTEM  
660 EAST JEFFERSON STREET  
TALLAHASSEE, FL 32301

SUBJECT: PALMETTO MARKETING, LLC  
Ref. Number: W99000013721

We have received your document for PALMETTO MARKETING, LLC and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your limited liability company name is unavailable, pursuant to section 608.406(4), Florida Statutes. Since it is not distinguishable from the name of an existing entity. Please select a new name and make the substitution in all appropriate places. One or more words must be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Diane Cushing  
Corporate Specialist

Letter Number: 199A00031684

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Triad Affilates, LLC

## ARTICLE II - Address:

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

350 Camino Gardens Blvd., Suite 200, Boca Raton, FL 33432

## ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

## ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

- ☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Ira Smolev

350 Camino Gardens Blvd., Suite 200  
Boca Raton, FL 33432

Bruce Turiansky

350 Camino Gardens Blvd., Suite 200  
Boca Raton, FL 33432

- ☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

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## ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Any person acceptable to the Managers and to the Members holding a majority of the Membership Interests may become a new or additional Member in the company by the issuance of additional Membership Interests in exchange for such consideration as the managers may require.

**ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

In the unforeseen event of death of a Member of the entry of a valid court order adjudicating a Member to be legally incapable of managing the Members personal affairs, or bankruptcy, the remaining Member (s) shall have the right to continue business in an orderly fashion.

**ARTICLE VII - Affidavit of Membership and Contributions**

The undersigned member or authorized representative of a member of Triad Affiliates certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 0 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0 ;  
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 0 .

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Bruce Turiansky  
Typed or printed name of signee

**Filing Fee: \$250.00 for Articles and Affidavit**

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND  
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Triad Affilates, LLC

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

CT Corporation System

NAME

1200 S. Pine Island Road

Florida street address (P. O. Box NOT ACCEPTABLE)

Plantation, Florida 33324

CITY, STATE AND ZIP

*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.*

PETER F. SOUZA  
ASSISTANT SECRETARY

SIGNATURE

**Filing Fee: \$ 35 for Designation of Registered Agent**

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