

L99000003529

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

500002901955--6

-06/11/99--01052--023

****285.00 ****285.00

CORPORATION(S) NAME

Triad Associates ~~Inc~~ of America, LLC

☐ Profit

☐ NonProfit

☒ Limited Liability Company

☐ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Merger

☐ Mark

☐ Limited Partnership

☐ Reinstatement

☐ Limited Liability Partnership

☐ Certified Copy

☐ Annual Report

☐ Reservation

☐ Photo Copies

☐ Other

☐ Change of R.A.

☐ Fictitious Name

☐ CUS

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Call if Problem

☐ Will Wait

☐ After 4:30

☒ Pick Up

Name Availability 6/11/99 dec

Document Examiner dec

Updater dec

Verifier dec

Acknowledgment dec

W.P. Verifier dec

PLEASE RETURN EXTRA COPY(S)

FILE STAMPED

THANKS

JOEY

① name not available

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99 JUN 11 PM 3:15

RECEIVED

99 JUN 11 PM 12:18



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 11, 1999

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

SUBJECT: TRIAD ASSOCIATES, LLC
Ref. Number: W99000013718

We have received your document for TRIAD ASSOCIATES, 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: 499A00031683

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Triad Associates of America, 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:

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.

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TALLAHASSEE, FLORIDA

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 or 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 Associates
America, LLC 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 signer

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 Associates of America, LLC

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TALLAHASSEE, FLORIDA

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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