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	C T CORPORAT	ION	SYSTEM				
Requestor's Name 660 East Jefferson Street							
Add	ress			-			
	Tallahassee,	FL	32301	(850)222-1092			
City	State		Zip	Phone			

CORPORATION(S) NAME

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Southern Market	ing, LLC	BECKE J
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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: SOUTHERN MARKETING, LLC

Ref. Number: W99000013717

We have received your document for SOUTHERN 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 apprpriate 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: 999A00031682



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 16, 1999

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

SUBJECT: TRIAD VENTURES, LLC

Ref. Number: W99000013717

We have received your document for TRIAD VENTURES, 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 apprpriate 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: 499A00032444

·ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Triad 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

Bruce Turiansky

Boca Raton, FL 33432 ____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.

ARTICLE VI - Members Rights to Continue Business. The right, if given, of the remaining members of the limited liability company to business on the death, retirement, resignation, expulsion, bankruptcy, or dissolute the occurrence of any other event which terminates the continued membership of the continued members are continued members.	o continue the
limited liability company shall be: In the unforeseen event of death of a Member of the entry of a vorder adjudicating a Member to be legally incapable of managing personal affairs, or bankruptcy, the remaining Member (s) shall to continue business in an orderly fashion.	the Members
ARTICLE VII - Affidavit of Membership and Contributions	FILED JUN 11 PN 12: ATTARY OF STA ATTARSSEE, FLOR
The undersigned member or authorized representative of a member of	erica 克武 2 rtifies:
 the above named limited liability company has at least one member; the total amount of cash contributed by the member(s) is 	\$
3) if any, the agreed value of property other than cash contributed by member(s) is (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	\$
Signature of a member or an authorized representative of a mem (In accordance with section 608.408(3), Florida Statutes, the execution of affidavit constitutes an affirmation under the penalties of perjury that the stated herein are true.)	this

Filing Fee: \$250.00 for Articles and Affidavit

Bruce Turiansky
Typed or printed name of signee

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 Ame	erica, LLC
	AET UN TI
2. The name and the Florida street address of the registered ager	ILED ANTO STATE SSEE, FLORIDA
CT Corporation System	
NAME	•
1200 S. Pine Island Road Florida street address (P. O. Box NOT ACCEPT	TABLE)
Plantation, Florida 33324 CITY, STATE AND ZIP	
Having been named as registered agent and to accept service limited liability company at the place designated in this capacity the provisions of all statutes relating to the proper and complete	ertificate, I hereby accept the i. I further agree to comply with

Filing Fee: \$ 35 for Designation of Registered Agent

SIGNATURE

PETER F. SOUZA ASSISTATI SECRETARY

am familiar with and accept the obligations of my position as registered agent.