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940260 July 21, 2003

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

IAD, LLC

Filing Evidence  □ Plain/Confirmation Copy	Type of Document  y □ Certificate of Status
■ Certified Copy	☐ Certificate of Good Standing
	□ Articles Only
Retrieval Request  Photocopy	<ul> <li>□ All Charter Documents to Include Articles &amp; Amendments</li> <li>□ Fictitious Name Certificate</li> </ul>
☐ Certified Copy	□ Other
NEW FILINGS	AMENDMENTS
Profit	Amendment
Non Profit	Resignation of RA Officer/Director
Limited Liability	Change of Registered Agent

Dissolution/Withdrawal

Merger

OTHER FILINGS
Annual Reports
Fictitious Name
Name Reservation
Reinstatement

Domestication

Other

		REGISTRATION/QUALIFICATION
	X	Foreign
Ž.	"	Limited Liability
		Reinstatement
		Trademark
		Other

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608,503, FLORIDA STATUTE LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	S, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN STATE OF FLORIDA:
•	
1. IAD, LLC	mited liability company)
-	
2. Georgia  3. [Jurisdiction under the law of which foreign limited liability	(FEI number, if applicable)
company is organized)	(TET IMMEDICAL IT APPRICATION)
4. 10/31/2002	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. 8/1/03	
(Date first transacted business in Florida, (See	sections 608.501, 608.502, and 817.155, F.S.)
7. 578 Old Norcross Road, Lawrenceville, Georgia 30045	
( To Old Helefeld Today, Edwich location Charles	
(Street address	of principal office)
O ICU is a linkilling and a second and a second	
8. If limited liability company is a manager-managed	company, eneck here
9. The name and usual business addresses of the mana	nging members or managers are as follows:
Stephen Miller	
578 Old Norcross Road, Lawrenceville, Georgia 30045	5
John Moran	
578 Old Norcross Road, Lawrenceville, Georgia 30045	
10. Attached is an original certificate of existence, no more than 90	days old, duly authenticated by the official having custody of records i
the jurisdiction under the law of which it is organized. (A photo	ecopy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under eath of the translator must be	submitted)
11. Nature of business or purposes to be conducted or	promoted in Florida:
To engage in the sale of hardware and software and the	e installation and training of software.
La usia-	<del>-</del>
Signature of a member or an aut	horized representative of a member.
(in accordance with section 608 408(3), F.	S., the execution of this document constitutes
an affirmation under the penalties of perju Lawrence Brown, CFO	ry mat me facts stated neveril are mue.)
Typed or printed	name of signee
y beg or bringed	Transco of Breaco

### 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.

I ne name	of the Limited Liability C _	ompany is:	<u> </u>	<u> </u>
The name	and the Florida street addi	ress of the registered age	nt <b>an</b> d office ar	re:
	NRAI Services, Inc.			
		(Name)		
	526 E. Park Avenue	<u> </u>	- -	
	Florida stree	t address (P O. Box <u>NOT</u> Ac	CEPTABLE)	
	Tallahassee	FL 32301	10	
	- <del></del>	(City/State/Zip)		<del></del>

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 as provided for in Chapter 608, F.S. NRAI Services, Inc.

By: Mary Paris

\$ 100.00 Filing Fee for Application
 \$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)

#### Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 0255739
DATE INC/AUTH/FILED: 10/31/2002
JURISDICTION : GEORGIA
PRINT DATE : 07/21/2003

FORM NUMBER : 211

03 JUL 21 PM 3:35

TRIAD PROFESSIONAL SERVICES, LLC MARY PARIS 3290 NORTHSIDE PARKWAY, SUITE 400 ATLANTA, GA 30327

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

Said entity was formed in the jurisdiction Stated above or was authorized to transact business in Georgia on the labove date and has not filed articles of dissolution, certificate of cancellation or May other similar document with the Office of the Secretary of State.

This certificate relates only to the east existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State ...

This information is electronically transmitted, issued and certified in accordance with the Georgia Flattonic Refords and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20030721181824445



Cathy Cox Secretary of State