Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094 : (770)777-2091 Phone

: (770)220-1943 Fax Number

FOREIGN LIMITED LIABILITY COMPANY

Tudor Development LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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Corporate Filing,

Public Access Help.

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Tudor Development LLC		
	nited Liability Company)	
The enclosed "Application by Foreign Limited-Li- Florida," Certificate of Existence, and check are s liability company to transact business in Florida	ability Company for Authorization to Transact Busine submitted to register the above referenced foreign limit	sss in ted
Please return all correspondence concerning this r	natter to the following:	
Karen T. Rodriguez	Ā	St 05
	ame of Person)	D5 JUN I AM II: 2:
, in the second	AS	
Triad Professional Services	SH	支 (本)
(Fi	irm/Company)	유 글
	Q	S =
2050 Marconi Drive, Suite 150		治 2
and majorn wife, data 100	(Address)	
	(
Alpharens, GA 3005		
(City/S	tate and Zip Code)	
For further information concerning this matter, pl	case call:	
Karen T. Rodriguez	at (770) 777-2091	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
409 E. Gzines Street	P.O. Box 6327	
Tailahassee, Florida 32399	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Cortificate of	E S155.00 Filing Foc & S160.00 Filing Foc, Cortifice of Status & Certified Copy	

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREXEN LIMITED LUBBILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Tudor Davelopment LLC
(Name of Foreign Limited Liability Company)
2. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. April 17, 2005 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. upon qualification
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. C/o Triare International, LLC, Two Stanfords &
Landing, 68 Southfield Ave., Stamford, CT 067020
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
Tudor Member LLC, No Triarc
International, LLC, Two Stamford
Landing, 68 Southfield Ave., Stamford, CT 0690Z
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: operation, development acquisition, Management, Sake, rental of real estate
acquisition, Management, sake, rental of real estate
Signature of a member of an antimitized representative of a member. (In accordance with section 60% 40% 3), F.S., the execution of this document constitutes an affirmation under the profities of positry that the facts stated herein are true.) Medvin Typed or printed name of signee

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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:

(Signature)

2. The nam	ie and the Florida street ad	dress of the registered agent and office are:	SECRE TALLAH
		•	\frac{1}{2} \frac\
	NRAI Services, Inc.		
		(Name)	#
			OF STATE
	2731 Executive Park 0	Drive, Suits 4	253
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
			≥
	Weston	FL 33331	
		City/State/Zip	
liability con agent and a relating to obligations	npany at the place designat agree to act in this capacity. the proper and complete pe	nt and to accept service of process for the above stated in this certificate, I hereby accept the appointment. I further agree to comply with the provisions of all informance of my duties, and I am familiar with and d agent as provided for in Chapter 608, Florida State	nt as registered I statutes accept the

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

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Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TUDOR DEVELOPMENT LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JUNE, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TUDOR DEVELOPMENT LLC" WAS FORMED ON THE SEVENTH DAY OF APRIL, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

DATE: 06-10-05

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