05/28/2007 11:19 TRIAD PAGE 01/04 Division Page 1 of 1 34<u>5</u> Florida Department of State **Division of Corporations** Public Access System Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H07000168751 3))) H070001687513ABC2 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this - , ° * * * page. Doing so will generate another cover sheet. 1.0 To: Division of Corporations Fax Number (850) 205-0383 . ۰., • • From: Account Name : TRIAD PROFESSIONAL SERVICES, LLC Account Number : 120020000094 **IUN 28** Phone ; (770)777-2091 Fax Number : (770)220-1943 07 JUN 28 AM 11:38 RECEIVED A œ ίΠ. <u>...</u> LORIDA/FOREIGN LIMITED LIABILITY CO. **Integrated Lead Monetizaton, LLC** Certificate of Status 0 Certified Copy 1 02 Page Count Estimated Charge \$155.00 RLH Electronic Filing Menu Corporate Filing Menu Help

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	INTEGRATED LEAD MONETIZATION, LLC			
	(Name of Foreign Limited Liability Company)		•	
<u>ہ</u>	Georgia 3, 35-2298441			
•	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		1 1	
4.	May 14, 2007 <u>5.</u> Perpetual			
	(Date of Organization) (Duration: Year limited liability company will cease exist or "perpetual")	; to	· 1,*	
6.	Upon qualification	i.	rty -	•
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)			at the second
7.	245 Perimeter Center Parkway, Suite 700		as ster 12 .	an an an A
	Atlanta, GA 30346		S	
	(Street Address of Principal Office)		2 S S S S S	
	in minted habitity company is a manager-managed company, check here w	JUN 28	CHE IAN	
9.	The name and usual business addresses of the managing members or managers are as follows:	R	Sign E	
	Destin H. Jamon Jr., 246 Perimeter Center Berlauev, Suite 700, Misster CA 20246	<u>∞</u>	S FA	
	Jerry L. Robinson, 245 Perimeter Center Parkway, Suite 700, Atlanta, GA 30346	61	TION	
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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: _____

internet lead	generator
	NED 11
	Signature of a member or an authorized representative of a member. (In accordance with acction 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
	Dennis H. James, Jr.
	Typed or printed name of signce
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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		
INTEGRATED LEAD MONETIZATION, LLC		
2. The name and the Florida street address of the	registered agent and office are:	• • •

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e, Suite 4		95 m .	
	- 8		
		<u>sec</u>	
FL 33331		ST	
City/State/Zip		- E	
		(Name) 97 /e, Suite 4 8 Address (P.O. Box <u>NOT ACCEPTABLE</u>) 8 FL 33331 8	(Name) VISION OF STREET Address (P.O. Box NOT ACCEPTABLE) FL 333331 8 AM

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, Florida Statutes. NRAI Services, Inc.

(Signature)

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

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