

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : 120020000094

Phone : (770)777-2091

Fax Number

: (770)220-1943

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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### Foreign Limited Liability Company ISIS HOUSE, LLC

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Estimated Charge	\$155.00

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#### **COVER LETTER**

SUBJECT: ISIS HOUSE, LLC	of Limited Liab lity Company
The enclosed "Application by Foreign Limited Liabil Existence, and check are submitted to register the abo	lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this mate	ter to the following:
Sharon K. Gray	
	Name of Porson
Triad Profession	al Services, LLC
	Firm/Company
1720 Windward	Concourse, Ste. 390
	Address
Alpharetta, GA	30005
	City/State and ZIp Code
cheryl.vanvliet@	drhc.com
E-mail address: (	to be used for future annual report notification)
For further information concerning this matter, please	c call:
Sharon K. Gray	at (770 Area Code Daytime Telephone Number
Name of Contact Person	Area Corle Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amour  \$125.00 Filing Pee \$130.00 Filing  Certificate of 5	Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate

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

IN COMPLIANCE, WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: , ISIS HOUSE, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company,""L.L.C," or "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) Upon qualification (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability) 200 Biscayne Blvd. Way, Ste. 4709 Miami, FL 33131 (Street Address of Principal Office) 6, 200 Biscayne Blvd. Way, Ste. 4709 Miami, FL 33131 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: TR Develop, LLC (MGRM) 200 Biscayne Blvd. Way, Ste. 4709 Miami, FL 33131 8. 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) Signature of an authorized person (In accordance with section 605 0203, F.S., the execution of this bocument constitutes an affirmation under the penalties of perjury that the feeta stated herein are true. I orn aware that any faise information submitted in a document to the Department of State constitutes a third degree felony as provided for in a 817.135, F.S.) Steve Bassin Typed or printed name of signee

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

ISIS HO	USE, LLC		<u> </u>
If unavailable	, the alternate to be used in	n the state of Florida is:	The Sold of the So
2. The name	and the Florida street addr	ress of the registered agent and office are:	The second
	NRAI Service	es, înc.	- F
	<del> </del>	(Name)	<del></del>
	1200 South F	ine Island Road	
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Plantation	FL 33324	
		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 um familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

signature)

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

# Delaware

DAGE

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ISIS HOUSE, 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 THIRTIETH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ISIS HOUSE, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JULY, A.D. 2014.

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

5577313 8300

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You may verify this certificate online at corp. delaware, gov/author, show!

AUTHENTY CATION: 1579584

DATE: 07-30-14