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(Requestor's Name)

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(Business Entity Name)

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2017 SEP - 1 PM 2:13  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

K. SALY  
SEP - 5 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRIAD VENTURE CAPITALISTS  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

RYAN STRICKLAND

Name of Person

TRIAD VENTURE CAPITALISTS LLC

Firm/Company

~~P.O. BOX 327~~ 5322 Ian Dr

Address

~~MOORESVILLE NORTH CAROLINA 28117~~ Mooresville NC 27301

City/State and Zip Code

advantagehearing@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RYAN STRICKLAND

336

862-2100

Name of Contact Person

at ( )

Area Code

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 amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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:

1. TRIAD VENTURE CAPITALISTS LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "Li.C.")

(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.")

2. STATE OF NORTH CAROLINA 3. 81-3233603  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. AUGUST 19 2017  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. ~~P.O. BOX 3517~~ 5322 Ian Dr 6. P.O. BOX 3517  
(Street Address of Principal Office) (Mailing Address)  
~~MOORESVILLE~~ Mooresville NC  
NORTH CAROLINA 28117 27301 MOORESVILLE  
NORTH CAROLINA 28117 NORTH CAROLINA 28117

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: RYAN STRICKLAND

Office Address: 1601 OCEAN DRIVE SOUTH #1001

JACKSONVILLE BEACH, Florida 32250  
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

RYAN STRICKLAND

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity: Name and Address: Title or Capacity: Name and Address:

MEMBER

RYAN STRICKLAND

~~P.O. BOX 3517~~  
~~MOORESVILLE NC 28117~~

Ryan Strickland

5322 Ian Dr  
Mooresville NC

27301

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Ryan Strickland 8-30-2017

Signature of an authorized person

RYAN STRICKLAND

Typed or printed name of signee



# NORTH CAROLINA

## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### TRIAD VENTURE CAPITALISTS LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 15th day of August, 2016, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.

FILED  
2017 SEP -1 PM 2:13  
SECRETARY OF STATE  
JANET MARSHALL

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 30th day of August, 2017.

*Elaine F. Marshall*

Secretary of State



Scan to verify online.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 28, 2017

RYAN STRICKLAND  
TRIAD VENTURE CAPITALISTS LLC  
P.O. BOX 3517  
MOORESVILLE, NC 28117

SUBJECT: TRIAD VENTURE CAPITALISTS LLC  
Ref. Number: W17000070715

We have received your document for TRIAD VENTURE CAPITALISTS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 417A00017729