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(Requestor's Name)	·
(Áddress)	
(Address)	
(City/State/Zip/Phone	#)
	_
PICK-UP WAIT	MAIL
(Business Entity Nam	ne)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	
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W17-70715 ADD, RE	9 Sign
Office Lice Only	7



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COVER LETTER

Registration Section

TO:

Division of Corporate	ons		5.	2	
SUBJECT:	TRIAD VENTURE CAPITALISTS				
Name of Limited Liability Company				. -	
The enclosed "Application by F Existence, and check are submi	oreign Limited Liability Com tted to register the above refer	pany for Authorization to Te	ransact Business in Florida, ty company to transact bus	," Certific iness 55	ate of lorida.
Please return all correspondence	e concerning this matter to the	following:	and		
	RYAN	STRICKLAND	>	-	
	N	ame of Person		_	
	TRIAD VENT	URE CAPITALISTS LLC			
	F	irm/Company		_	
	-20-1		Ian Dr		
 -		Address		-	
	MOORESVILLE	NORTH CAROLINA 2811	Mcleansville	Nc 2	-7301
	City/S	tate and Zip Code			,
	advantagehea	ring@yahoo.com			
	E-mail address: (to be use	d for future annual report no	tification)	-	
For further information concern	ing this matter, please call:	7			
RYANS	TRICKLAND	336 862-21	00		
Name	of Contact Person		ytime Telephone Number	-	
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton E 2661 Exc	of Corporations cion Section Building ecutive Center Circle see, FL 32301		
Enclosed is a check for the follo \$\Bigsig \$125.00 \text{ Filing Fee}\$	wing amount: ☐ \$130.00 Filing Fee &	☐ \$155.00 Filing Fee &	■ \$160.00 Filing Fee, C	Certificate	
	Certificate of Status	Certified Copy	of Status & Certified Co	ру	

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

IN FLORIDA IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA; TRIAD VENTURE CAPITALISTS LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter atternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") STATE OF NORTH CAROLINA 3. 81-3233603 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI munber, if applicable) AUGUST 19 2017 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 603.0905, F.S. to determine penalty liability) P.O. BOX 3517 (Street Address of Principal Office) (Mailing Address) -MOORESVIEWE **MOORESVILLE** NORTH CAROLINA 28H7 NORTH CAROLINA 28117 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) RYAN STRICKLAND Name: 1601 OCEAN DRIVE SOUTH #1001 Office Address: JACKSONVILLE BEACH ___, Florida 32250 (City) 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 -PO BOX 3517---2730 (Use attachments if necessary) 3. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the urisdiction 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) 0. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information ibmitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

RYAN STRICKLAND

Typed or printed name of signee



NORTH CAROLINA Department of the Secretary of State

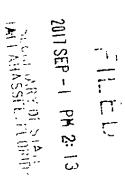
(Limited Liability Company)

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.







Scan to verify online.

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 J. Marshall

Secretary of State



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