

CORPORATE
SERVICES, INC.
1201 HAYS DRIVE
TALLAHASSEE, FL 32314
904-222-9171
904-222-0193 FAX

CSC networks

MAIL TO:
P.O. BOX 5028
TALLAHASSEE, FL 32314

P95000018201

RECEIVED

95 MAR -6 PM 3:14
DIVISION OF CORPORATION

FILED
DIVISION OF CORPORATION
95 MAR -6 PM 8:51

ACCOUNT NO. : 072100000032

REFERENCE : 553479 148037A

AUTHORIZATION :

Patricia Pizeto

COST LIMIT : \$70⁰⁰

ORDER DATE : March 6, 1995

ORDER TIME : 2:02 PM

200001422162

ORDER NO. : 553479

CUSTOMER NO: 148037A

CUSTOMER: Mr. Israel Mendoza
MR. ISRAEL MENDOZA

9567 S.w. 59th Terrace

Miami, FL 33173

DOMESTIC FILING

NAME: TRADD INC.

☒ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Gail L. Shelby

EXAMINER'S INITIALS:

KON 3-7

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -6 AM 8:57

ARTICLES OF INCORPORATION
OF
TRIADD INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

TRIADD INC.

The address of the principal office of this corporation shall be 9567 Southwest 59th Terrace, Miami, Florida 33173, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having no par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Service Company.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have one Director, initially. The names and addresses of the initial members of the Board of Directors are:

Israel Mendoza

9567 Southwest 59th Terrace
Miami, Florida 33173

ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporate Agents, Inc.
1201 Hays Street
Tallahassee, Florida 32301

The undersigned incorporator has executed these Articles of Incorporation on March 6, 1995.

Gail Shelby
Its Agent, Gail Shelby
Incorporator

ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION

Corporation Service Company, a Delaware corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

By: Gail Shelby
Authorized Service Representative
Corporation Service Company

AJR/gls

P950000/8201

I. F. MENDOZA
9567 SW 54th TERRACE
MIAMI, FL 33143
(City, State, Zip) (Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____ (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

700001574247
-08/31/95--01008--003
*****35.00 *****35.00

GA Chg.

Examiner's Initials LEJ

9-5-95

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT
OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1a. The name of the corporation is: TRIADD, INC.
- 1b. The mailing address of the corporation is: 9567 SW 59th TERRACE
MIAMI, FLORIDA 33173.
- 1c. Date of incorporation: 3/6/95 Document number: P95000015201

2. The name and address of the current registered agent and office:

Gettysburg Service Company
CORPORATE AGENTS, INC.
P.O. Box 1281 1201 Hays St.
Tallahassee, Florida 32301
9899-1281

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

ISRAEL F. MENDOZA
9567 SW 59th TERRACE
MIAMI, FLORIDA 33173

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

8/15/95
(Date)

ISRAEL F. MENDOZA, President.
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.

(Signature of Registered Agent)

8/15/95
(Date)

If signing on behalf of an entity:

ISRAEL F. MENDOZA
(Typed or Printed Name)

President.
(Capacity)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

95 AUG 30 AM 11:03
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P95000018201

Ismael F. Mendoza
9567 S.W. 59th Terrace
Miami, FL 33173
(305)854-8317

Office Use Only

(S), (if known):

it #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

100001898551
07/12/96--01088--013
*****35.00 *****35.00

4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
96 AUG -5 PM12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

July 25, 1996

ISRAEL F. MENDOZA
9567 S.W. 59TH TERRACE
MIAMI, FL 33173

SUBJECT: TRIADD INC.
Ref. Number: P95000018201

We have received your document for TRIADD INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE VERIFY THIS IS THE CORRECT NAME OF YOUR CORPORATION.
YOUR DOCUMENTS REFLECT THE NAME Triad, Inc.

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 (904) 487-6906.

Darlene Connell
Corporate Specialist

Letter Number: 296A00035924

RECEIVED
96 AUG -5 AM 8:36
DIVISION OF CORPORATIONS

ARTICLES OF DISSOLUTION

FILED
S6 AUG-5 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 607.1403, Florida Statutes, this Florida corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: Triad, Inc.

SECOND: The date dissolution was authorized: 07/16/96

THIRD: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

[The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

"The number of votes cast for dissolution was sufficient for approval by _____."]
(voting group)

Signed this 16 day of July, 19 96.

Signature _____
(By the Chairman or Vice Chairman of the Board, President, or other officer)

Israel F. Mendoza

(Typed or printed name)

President

(Title)