

LD4000083386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

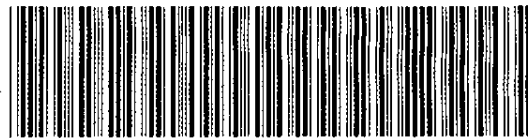
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



800159842818

08/31/09--01001--027 **155.00

RECEIVED
09 AUG 28 PM 4:43
SECRETARY OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 AUG 28 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR
AUG 31 2009
EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 08/28/09

REF. #: 000153.109589

CORP. NAME: DD-CTP, LLC

FILED
09 AUG 28 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 531963 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
DD-CTP, LLC**

The undersigned, acting as the authorized representative of a limited liability company under the Florida Limited Liability Company Act, adopts the following Articles of Organization for such limited liability company (the "Company"):

ARTICLE I

Name

The name of the Company is: DD-CTP, LLC.

ARTICLE II

Principal Office and Mailing Address

The principal office and mailing address of the Company is 201 North Franklin Street, Suite 2200, Tampa, Florida 33629.

ARTICLE III

Initial Registered Agent and Office

The street address of the initial registered office of the Company is: 201 N. Franklin Street, Suite 2200, Tampa, Florida 33602, and the name of its initial registered agent at that address is: Michael J. Nolan.

ARTICLE IV

Managing Members

The name and address of the Managing Members of the Company are:

<u>Name</u>	<u>Address</u>
Christian Tyler Properties, LLC	403 East Madison Street, Suite 400 Tampa, FL 33602
DeBartolo Development, LLC	4401 W. Kennedy Boulevard, 3 rd Floor Tampa, FL 33609

ARTICLE VI

Management

The Company shall be a member-managed company.

Dated effective as of this 28th day of August, 2009.

By:


Michael J. Nolan, Authorized Representative


FILED
09 AUG 28 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and the undersigned is familiar with and accepts the duties and obligations of the undersigned's position as registered agent.

Dated this 28th day of August, 2009.

REGISTERED AGENT:



Michael J. Nolan