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2005 FEB 23 P 3:10

(Requestor's Name)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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TRANSMITTAL LETTER

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

2005 FEB 23 P 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Darnon, LLC
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization
\$ 25.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30.
Please send one check for the total amount made payable to the Florida Department of State.

FROM: Darrell McKinney
Name (Printed or typed)
8418 Tocoli Path
Address
Lakeland, FL 33810
City, State & Zip
863-859-2149
Daytime Telephone number

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Darnon, LLC

FILED

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

8418 Toco Path, Lakeland, FL 33810

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

DARRELL McKINNEY

Name

8418 Toco Path

Florida street address (P.O. Box **NOT** acceptable)

Lakeland, FL 33810

City, State, and Zip

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Darrell McKinney

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Darrell McKinney

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Darrell McKinney

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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FILED

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The name and the Florida street address of the registered agent are:

Darrell McKinney
Name

8418 Tocoil Path

Florida street address (P.O. Box **NOT** acceptable)

Lakeland FL 33810
City, State, and Zip

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Darrell McKinney
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Darrell McKinney
Typed or printed name of signee

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- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)