_050000) 59901

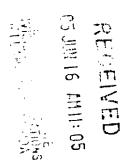
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
13/

Office Use Only



900056090469

06/16/05--01027--001 **1500.00





CORPDIRECT AGENTS, INC. (formerly CCRS) 103 N. MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

Examiner's Initials

CONTACT:	KATIE WON	NSCH .	\$ 5 T
DATE:	06/16/2005		OS JIM 16 PH 2: 51
REF. #:	001260.39216	i	Service A Co
CORP. NAME:	DARIEN D J	AMES, LLC	Constant ST
			ŕ
() ARTICLES OF INCO	RPORATION	() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION
() ANNUAL REPORT		() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME
() FOREIGN QUALIFIC	CATION	() LIMITED PARTNERSHIP	(XX) LIMITED LIABILITY
() REINSTATEMENT		() MERGER	() WITHDRAWAL
() CERTIFICATE OF C	ANCELLATION		
() OTHER:			
		TH CHECK# <u>47540</u> FOR \$ <u>125.</u> COUNT IF TO BE DEBITED	
		COST LIM	HT: \$
PLEASE RETUR	RN:		
() CERTIFIED COPY	() CE	RTIFICATE OF GOOD STANDING	(XX) PLAIN STAMPED COPY
() CERTIFICATE OF	STATUS		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



FLORIDA LIMITED LI	ABILITY COMPANY
ARTICLE I - Name:	· · · · · · · · · · · · · · · · · · ·
The name of the Limited Liability Company is:	The state of the s
DARIEN D JAMES, LLC	The state of the s
ARTICLE II - Address:	
The mailing address and street address of the princip	oal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
9215 KINGSRIDGE DR	9215 KINGSRIDGE DR
TEMPLE TERRACE, FL 33637	TEMPLE TERRACE, FL 33637
ARTICLE III - Registered Agent, Registered Off	_ ·
The name and the Florida street address of the registe	ered agent are:
DARIEN D JAMES	
Name	

9215 KINGSRIDGE DR

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

TEMPLE TERRACE, FL 33637

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

<u>Title:</u> "MGR" =	Manager	Name and Address:
	' = Managing Member	
		DARIEN D JAMES
MGRM	9215 KINGSRIDGE DR	
		TEMPLE TERRACE, FL 33637
· · · · · · · · · · · · · · · · · · ·		
		
Use attac	hment if necessary)	
NOTE: A	An additional article must be adde	ed if an effective date is requested.
	ED SIGNATURE:	•
MDQUII.		
	Signature of a member or an author	ized representative of a member.
	3	.408(3), Florida Statutes, the execution
	of this document constitutes an that the facts stated herein are tr	affirmation under the penalties of perjury ue.)
	DARIEN D JAMES	

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)