	f Corporations Florida Department of State Division of Corporations Public Access System	Page 1 of
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	To: Division of Corporations Fax Number : (950)205-0383 From: Devi M. Gooljak Account Name : TRUSTREET PROPERTIES, INC. Account Number : I20030000011 Phone : (407)540-2564 Fax Number : (407)540-2569	FILED 06 AUG -1 AM 8: 33
111	No No No OF FLORIDA/FOREIGN LIMITED LIABILITY CO. COMMERCIAL TITLE AGENCY, LLC OF OF <	=
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August 1, 2006

FLORIDA DEPARTMENT OF STATE Division of Corporations

TRUSTREET PROPERTIES INC

SUBJECT: COMMERCIAL TITLE AGENCY, LLC REF: W06000033799

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters " MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

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) 245-6067.

Neysa Culligan Document Specialist FAX Aud. #: H06000192729 Letter Number: 806A00048144

P.O BOX 6327 - Tallahassee, Florida 32314

4075402102

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COMMERCIAL TITLE AGENCY, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

450 SOUTH ORANGE AVENUE ORLANDO, FL 32801 450 SOUTH ORANGE AVENUE ORLANDO, FL 32801

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida	street address of the registered agent are:	ALLI)6 AL	
	DEVI M. GOOLJAR	HA HA	- D	Т
	Name	ISS'		
	450 South Orange Avenue	Ê.	AM	0
	Florida street address (P.O. Box NOT acceptable)	FLO	အဲ	
	Orlando, FL 32801	ORIC	ယူ	
	City, State, and Zip	DA	-	

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member

MGRM

CNL RESTAURANT CAPITAL CORP.

450 SOUTH ORANGE AVENUE

ORLANDO, FL 32801

Name and Address:

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

<u>REOUIRED</u> SIGNATURE: ____

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

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

John L. Farren

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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