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DIVISION OF CORPORATIONS

08 JUN -5 PM 2: 39

J. BRYAN

JUN - 6 2008

EXAMINER

COVER LETTER

_	stration Section sion of Corporations	
SUBJECT:	Commercial Florida Capital, LLC (Name of Limited Liability Company)	
	(Name of Limited Liability Company)	
		_
The enclosed	Articles of Organization and fee(s) are submitted for filing.	ر سر
Please return a	all correspondence concerning this matter to the following:	
	Jeffrey S. Sweeney	OR P
	(Name of Person)	1
	(Name of Person) Grubb & Ellis / Commercial Florida (Firm/Company)	
	(Firm/Company)	
	315 E. Robinson Street, Suite 555	
	(1461455)	
(Orlando, Florida 32801 (City/State and Zip Code)	
	(City/State and Zip Code)	
For further inf	formation concerning this matter, please call:	
Ron	$\frac{5eq/5}{\text{(Name of Person)}} \text{ at } \frac{407}{\text{(Area Code & Daytime Telephone Number)}}$	
	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a	check for the following amount:	
	ing Fee \$\sum \$130.00 \text{ Filing Fee & }\sum \$155.00 \text{ Filing Fee & }\sum \$160.00 \text{ Filing Fee,}	
	Certificate of Status Certified Copy Certificate of Status &	
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Mailing Address Street/Courier Address	
	Registration Section Registration Section	
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building	
	Tallahassee, FL 32314 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN **ARTICLE I - Name:** The name of the Limited Liability Company is: Commercial Florida Capital, LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: 3030 N. Rocky Point Drive W 315 E. Robinson Street # 560 Tampa, FL 33607 Onlando, 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.) Florida street address of the registered agency Jeffrey S. Sweeney Name 315 E. Robinson Street, Suite 555 Florida street address (P.O. Box NOT acceptable) Orlando FL 3280/ City, State, and Zip The name and the Florida street address of the registered agent are: 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..

(CONTINUED)
Page 1 of 2

Registered Agent' Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Jeffrey S. Sweeney
	315 E. Robinson Street, Suite 555 Orlando, FL 32801
MGRA	Taranh L. Rossi
	3/5 E. Robinson Street, Suite 555 Orlando, El 32801
MGRZE	Allen Henderson
	Janpa, FL 33607
MGRE	Michael Winters
	3030 N. Recky Point Orive W #560 Tampa, FL 33607

(Use attachment if necessary)

(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.)

REQUIRED SIGNATURE:

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.)

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)