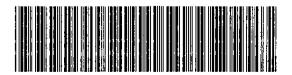
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B. BOSTICK
MAR 1 6 2011
EXAMINER

COVER LETTER

то:	Registration Division of C			
SUBJ	ECT: Darn	ell Terminals, LLC	,	
		Name of Limit	ed Liability Company	
The en	closed Articles	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	spondence concerning this mat	ter to the following:	
	James F	ł. Darnell		
			Name of Person	
	Darnell	Terminals, LLC		
			Firm/Company	
	1757 EI	Camino Road Apt.	2	
			Address	
	Jacksonvi	lle, FL 32216		Ā
	jerlenedarr	n@bellsouth.net	ry/State and Zip Code	ECKE!
		E-mail address: (to be used	for future annual report notification)	SS F
For fu	rther information	n concerning this matter, please	e call:	Te P
Jam	es H. Darn	ell	at (904) 855-0717	PH 1:50
	Nam	e of Person	Area Code & Daytime Telephone Nu	imber
Enclo	sed is a check	for the following amount:		
\$125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certification.	00 Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	T	I	C	L	\mathbf{E}	I	_	ľ	V	a	m	e	:
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The name of the Limited Liability Company is:

Darnell Terminals, 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:

Principal Office Address:	Mailing Address:		
1757 El Camino Road	1757 El Camino Road		
Apt. 2	Apt. 2		
Jacksonville, FL 32216	Jacksonville, FL 32216		

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:

i iorida sireet ad	aress of the registered agent are.	=		
James H. D	arnell	SEC PALIL		
	Name	AHA	MAR	
1757 EI C	Camino Road Apt. 2	YSSE	<u></u>	R. Carriero
F	lorida street address (P.O. Box NOT acceptable)		PH	
Jacksonville	_{FL} 32216	12. 12.		
	City, State, and Zip	TATE ORIDA	50	

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)

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

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

Title: "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	James H. Darnell 1757 El Camino Road Apt. 2 Jacksonville, FL 32216
	TALL/HAR
····	ASSET IN THE STATE OF THE STATE
(Use attachment if necessary)	Londo dos CCC
	han the date of filing: (OPTIONAL must be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
Jam	er H. Dornell
1)	member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document

James H. Darnell

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)