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D. BRUCE

APR 8 2011

EXAMINER

COVER LETTER

_		egistration S ivision of Co				
	SUBJECT	. Darde	n Commercial 40	02 LLC		
		*		ted Liability Company		
	The enclose	ed Articles of	f Organization and fee(s) are	submitted for filing.		
	Please retu	rn all corresp	ondence concerning this mat	ter to the following:		
	Pa	atrick D	arden			
				Name of Person		
				Firm/Company		
	37	788 Long	gfellow Rd			
				Address		
	Tal	lahasse	e, FL 32311	17: 0.1		
	pda	arden@d	cπ a rdenrealest ate.net	y/State and Zip Code		
				for future annual report notification)		
	For further	information (concerning this matter, please	e caii:		
	Patrick I			ai (850) 570-7877		
		Name o	of Person	Area Code & Daytime Telep	onone Number	
	Enclosed i	s a check for	r the following amount:	•		
V	\$125.00 Fili	ing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional 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 C Tallahassee, FL 32301	PR TT	The state of the s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company i	S:	
Darden Commercial 402 LLC		
(Must end with the words "Limited Lia		
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
3788 Longfellow Rd	3788 Longfellow Rd	
Tallahassee, FL 32311	Tallahassee, FL 32311	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registeress entity with an active Florida registration.)		
The name and the Florida street address of the	e registered agent are:	
Patrick Darden		
Nam		
3788 Longfellow		
	address (P.O. Box NOT acceptable)	
Tallahassee	FL 32311	
City, S	State, and Zip	
Having been named as registered agent and to liability company at the place designated in this capac statutes relating to the proper and complete p	n this certificate, I hereby accept the city. I further agree to comply with performance of my duties, and I am	e appointment as the provisions of all I familiar with and
accept the obligations of my position as res	gistered agent as provided for in Ci	napter 608, F.S
Any	4	11 APR
Registered/Agent's/Sign		T M &
Fage i o	ni Ż	0000 N

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" = Mana				
MGKM = ME	anaging Member			
MGMR		Patrick Darden		
		3788 Longfellow Rd		_
		Tallahassee, FL 32311		_

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