

L160000100426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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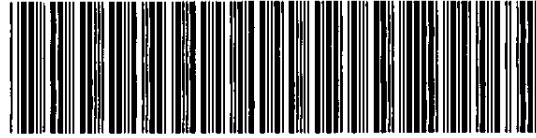
(Business Entity Name)

(Document Number)

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16 MAY 24 PM 4:21

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16 MAY 24 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 25 2016

T SCHROEDER

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 153769 81514A

AUTHORIZATION :

*Lyndee Coleman*

COST LIMIT : \$ 155.00

ORDER DATE : May 24, 2016

ORDER TIME : 4:03 PM

ORDER NO. : 153769-005

CUSTOMER NO: 81514A

DOMESTIC FILING

NAME: DOUBLE D COMMERCIAL  
PROPERTIES, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT. 62956

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The Name of the Limited Liability Company is: Double D Commercial Properties, LLC

**ARTICLE II – Address:**

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

a: Mailing Address: P.O. Box 449, Blue Ridge, Georgia 30513

b: Street Address: 2950 N. Beach Road, Unit B414, Englewood, Florida 34223

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Victor J. Troiano

Name

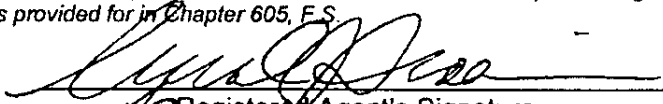
317 S. Tennessee Avenue

Florida street address (Post Office Box NOT acceptable)

Lakeland, Florida 33801

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 605, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature  
VICTOR J. TROIANO

**ARTICLE IV – Management (Check applicable box)**

\_\_\_\_\_ The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.

  X   The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.

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**ARTICLE V –**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

David C. Laven  
P.O. Box 449  
Blue Ridge, Georgia 30513

AMBR

Dwight Heitman  
2394 160<sup>th</sup> Avenue  
Ada, Minnesota 56510-9216

**ARTICLE VI:** 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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

\_\_\_\_\_  
David C. Laven

Typed or printed name of signee

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