

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : LAW OFFICE OF NATHAN L. TOWNSEND, PA  
Account Number : I20050000145  
Phone : (813)988-5500  
Fax Number : (813)988-5510

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: NATHAN@NLTLAW.COM

RECEIVED  
2018 APR 13 PM 12:40  
DIVISION OF CORPORATIONS  
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FLORIDA LIMITED LIABILITY CO.  
Darby Offices, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$160.00 |

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ARTICLES OF ORGANIZATION  
OF  
DARBY OFFICES, LLC

ARTICLE I - NAME

The name of the limited liability company is DARBY OFFICES, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:  
715 Hwy 92 East  
Seffner, Florida 33584

Mailing Address:  
P.O. Box 1236  
Seffner, Florida 33583-1236

ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

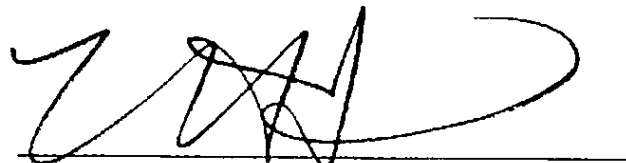
The name and the Florida street address of the registered agent are:

Nathan L. Townsend, P.A.  
1000 Legion Place., Ste. 1200  
Orlando, Florida 32801

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*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.*



Nathan L. Townsend, P.A.

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

MGR

Barbara J. Foster  
P.O. Box 1236  
Seffner, Florida 33583

MGR

Kenneth J. Foster, II  
P.O. Box 1236  
Seffner, Florida 33583

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Barbara J. Foster

Typed or printed name of signee