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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

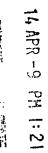
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COVER LETTER

	COVER	
TO:	Registration Section Division of Corporations	
SUBJE	CT: Backtrack Research. LLC Name of Limited	Liability Company
	closed Articles of Organization and fee(s) are sub	
	Richard R. Ratcliff	ame of Person
	Backtrack Research, LLC	rm/Company
	PO Box 12874	Address
	Tallahassee, FL 32317 City/St	tate and Zip Code
For furtl	Richard@backtrackresearch.com E-mail address: (to be used for their information concerning this matter, please ca	future annual report notification)
<u>Richard</u>	d Ratcliff at (850 Name of Person Are	a Code Daytime Telephone Number
	ed is a check for the following amount:	
□ \$125.00	Certificate of Status	\$155.00 Filing Fee & Status & Certificate Of Status & Certificate Of Status & 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Backtrack Research, LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Backtrack Research 4040 Desoto Farm Road Tallahassee, FL 32309	Backtrack Research PO Box 12874 Tallahassee, FL 32317
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	gent are:
Richard R Ratcliff Name	
4040 Desoto Farm Road Florida street address (P.O. Box N	OT acceptable)
Tallahassee	FL 32309
City Having been named as registered agent and to accept servi	Zip ce of process for the above stated limited liability compa

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

14 APR -9 PH 1:21

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Richard R Ratcliff
WOIX	PO Box 12874
	Tallahassee, FL 32317
(Use attachment if necessary)	
ICLE V: Effective date, if other than the date	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days
date of filing.)	
date of filing.)	
date of filing.)	
TICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	ember or an authorized representative of a member.

Page 2 of 2

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)

Typed or printed name of signee

Richard R Ratcliff