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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## JOHNSON EUBANK PANKRATZ & COMPANY PA

Certified Public Accountants

ROBERT L. JOHNSON, CPA  
MARJORIE O'NEALL EUBANK, CPA, CFP  
RICHARD M. PANKRATZ, CPA, CFP, CLU, ChFC, CEBS

December 9, 2002

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Battle Beach, LLC

Enclosed are the Articles of Organization for Florida Limited Liability Company, Battle Beach, LLC. A check for \$155 is enclosed for the filing fee, designation of registered agent and a Certified Copy.

Please send the acknowledgement of registration and Certified Copy to my attention.

Sincerely,

A handwritten signature in cursive script that reads 'Robert L. Johnson'.

Robert L. Johnson, CPA

Enclosures

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:  
Battle Beach, LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:  
414 Main Trail, Ormond Beach, FL 32174

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Robert L. Johnson

Name


220 S. Ridgewood Ave., Suite 200

Florida street address (P.O. Box **NOT** acceptable)

Daytona Beach, FL 32114

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 608, F.S.*



Registered Agent's Signature

(An additional article must be added if an effective date is requested)



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert L. Johnson

Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

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