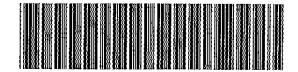
LD3000045750

(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:

Office Use Only



500024650995

11/17/03--01069--014 **125.00

L03-4575C

03 NOV 17 AM 8: La

William Dykstra
 Accounting & Tax Preparation
 619 Highland Ave
 Largo, Fl. 33770
 727.586.0479
 fax 727.586.3631
 e-mail res0nlv6@verizon.net

November 12, 2003

Sirs:

Enclosed are the Articles of Organization for Robert D Martin LLC and a check for \$ 125.00 for the Articles filing fee and designation of Registered Agent.

Also enclosed is a photocopy of the articles which I would like stamped with the filing date and returned.

Thank you,

William Dykstra

DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME:

The name of the Limited Liability Company is:

Robert D Martin LLC

ARTICLE II - ADDRESS:

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

9 Seedling Drive Safety Harbor FL 34695

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

William Dykstra 619 Highland Ave NE Largo, Florida 33770

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 Agents Sinature

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

MGRM

Robert D Martin

9 Seedling Drive

Safety Harbor_FL 34695

Page 1 of 2 (Continued)

03 NOV 17 AM 8: 50

REQUIRED SIGNATURE:

Signature of a member or 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 D Martin (Signee)