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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wally S. Tatro, L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing

Wally S. Tatro
(Name of Person)

Wally S. Tatro, L.L.C.
(Firm/Company)

410 E. 2nd St.
(Address)

Chuluater, Fla. 32766
(City/State/and Zip Code)

For further information concerning this matter, please call

WALLY S. TATRO at 407-314-1472
(Name of Person) (Area Code & Daytime Telephone Number)

STREE ADDRESS:
Registration Section
Division of Coroporations
409 E Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Coroporations
P.O.Box 6327
Tallahassee, Florida 32399

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

ARTICLE I – Name:

The name of the Limited Liability Company is:

Wally S. Tatro, LLC

ARTICLE II – Address:

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

Principal Office Address:

410 2nd St
Chuluota, FL 32766

Mailing Address:

410 2nd St
Chuluota, FL 32766

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's

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

Name:

Wally S. Tatro

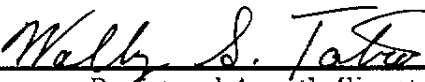
Street Address (P.O. Box not acceptable):

410 2nd St

City, State, and Zip:

Chuluota, FL 32766

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, Florida Statutes..

 1/21/04

Registered Agent's Signature

ARTICLE IV – Manager(s) or Managing Member (s):

The name and address of each Manager or Managing Member is as follows:

Title:

“MGR” = Manager

“MGRM” = Managing Member

Name and address:

MGR

Wally S. Tatro 410 2nd St Chuluota, FL 32766

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Wally S. Tatro 1/21/04
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.)

Wally S. Tatro

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles or Organization

\$ 25.00 Designation of Registered Agent

\$ 5.00 Certificate of Status (Optional)