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(Requestor's Name) (Address)	40002728
Margaret Batter - 242 11 Rich Ban Rd Brooksville, 71.	3460/; 01/23/0401023
(Business Entity Name) (Document Number)	,
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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W. P. Verifyer



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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 30, 2004

MARGARET BATTEN 26211 RICHBARN RD BROOKSVILLE, FL 34601

SUBJECT: MARGARET BATTEN Ref. Number: W04000004164

We have received your document for MARGARET BATTEN and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing Document Specialist

Letter Number: 404A00006524

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
MARGARET BATTEN LL	<u>C</u> ,
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
26211 RICHBARN Rd	26211 RICHBARD RA
BROOKSULIE Fl 34601	BROOKSUILLE FL. 34601
ARTICLE III - Registered Agent, Registered Control The name and the Florida street address of the registered Agent, Registered Control The name and the Florida street address of the registered Agent, Registered Control The name and the Florida street address (P.O. 1) ARTICLE III - Registered Agent, Registered Control Registered Contr	Ristered agent are: ARY OF STATE RATIONS RATIONS Box NOT acceptable) FLORIDA 30601

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..

May Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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: "MGR" = Manager "MGRM" = Managing Member MANAGER (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE:

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)

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.)

EIN Applied for 55-4