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TRANSMITTAL LETTER

TO:

Registration Section
Division of Corporations

FILED

04 MAR -8 PM 1:43

SUBJECT: Peter BATAZHAN,

(Name of Limited Liability Company)

<u>SECRETARY OF STATE</u> TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the foilowing:

PETER BATAZHAN
(Name of Person)
1627 Treasure Dr. (Firm/Company)
Trappon Springs, FC 34689
Thipon Springs, FC 34689
(City/State and Zip Code)

For further information concerning this matter, please call:

Peter Batazho at (720) 945-7637
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tailanassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, Florida 32314

ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

FILED

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ARTICLE I - Name: The name of the Limited Liability Company is:	SECRETARY OF ST TALLAHASSEE.FLC
PETER BATAZHAN, LLC	
ARTICLE II - Address: The mailing address and street address of the principal	ıl office of the Limited Liability Company i
Principal Office Address:	Mailing Address:
11027 Treasure Dr	Same
TArpon Springs, FL 34689	
ARTICLE III - Registered Agent, Registered Offi The name and the Florida street address of the registe	
Peter Batazhan	
1627 Treasure	DR.

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..

FLORIDA

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:

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OF STATE EE, FLORIDA

Title:	Name and Address: SECRETARY
"MGR" = Manager "MGRM" = Managing Member	TALLAHASSI
mor	Peter Batazhan 1627 Trensure Dr Tarpon Sprinss, Fl 34689
<u>-</u> 	
(Use attachment if necessary)	
NOTE: An additional article must b	e added if an effective date is requested.

REQUIRED SIGNATURE:

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 penjury that the facts stated herein are true.)

Typed or printed name of signee

Fling Fees:

\$100.00 Filing Fee for Articles of Organization

S 25.00 Designation of Registered Agent

\$ 30.30 Cartified Copy (Optional)

5 5.00 Cardificate of Status (Optional)