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OVER 1 TO STATE STATE OF CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SURJECT: Strattan Family Enterprises (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Terry Strottan	W04-20256
, frame or coons	
Stratton Family Enterprises	
(Firm/Company)	
1506 S.E. Baya Dr.	
(Address)	
Lake City, fl 32025 (City/State and Zip Code)	SI CRETARION OF CO.
(City/State and Zip Code)	
For further information concerning this matter, please call:	PM 1: 4
Terry Strottan at 386 365-8839 (Name of Person) (Area Code & Daytime Telephone Number	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 25, 2004

TERRY STRATTAN STRATTAN FAMILY ENTERPRISES 1506 S.E. BAYA DR. LAKE CITY, FL 32025

SUBJECT: STRATTAN FAMILY ENTERPRISES

Ref. Number: W04000020256

We have received your document for STRATTAN FAMILY ENTERPRISES, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

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."

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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 404A00036634

ENVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Strattan Family Enterprises LLC	<u> </u>	_
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Compa	any is:	
Principal Office Address: Mailing Address:		
1506 S.E. Baya Dr. Same		-
1506 S.E. Baya Dr. Same Lake City, F1 32025		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Terry Strattan Name 1506 5.E. Baya Dr. Florida street address (P.O. Box NOT acceptable)	1 04 JUN 10 PM 1: 41	SECRETARY OF STATE
Lake City, f/ 32025 City, State, and Zip		

registered agent as provided for in Chapter 608, Florida Statutes...

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

Name and Address: Terry Strattan 1506 5.E. Baya Dr. Lake City, Fl 32025

(Use attachment if necessary)

Title:

"MGR" = Manager

MGR

"MGRM" = Managing Member

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

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

NOTE: An additional article must be 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 perjury that the facts stated herein are true.)

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Filtre France

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 36.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)