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CORPDIRECT AGENTS, INC. (formerly CCRS) 103-N. MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 **CONTACT:** CINDY DATE: 8-30-04 **REF. #:** 001260.29554 CORP. NAME: Peggy Lynn Wagner, LLC () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () FOREIGN QUALIFICATION () LIMITED PARTNERSHIP (XX) LIMITED LIABILITY () REINSTATEMENT () MERGER () WITHDRAWAL () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 43429 FOR \$ 21,500.00. TO BE APPLIED TO 164 FILINGS. **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$

PLEASE RETURN:

() CERTIFIED COPY	() CERTIFICATE OF GOOD STANDING	(XX) PLAIN STAMPED COP
í) CERTIFICATE OF STATUS	3	#+		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PEGGY LYNN WAGNER, LLC

ss:		
32739 CR473 LEESBURG. FL 34788		
gent's Signature:		
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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: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
	PEGGY LYNN WAGNER	
MGRM	32739 CR473	
	LEESBURG, FL. 34787	
	*	
(Use attachment if necessary)		
NOTE: An additional article must be added if an e	ffective date is requested.	
REQUIRED SIGNATURE:		
Signature of a member of an authorized repres	sentative of a member.	
(In accordance with section 608.408(3), For this document constitutes an affirmation that the facts stated herein are true.)		
PEGGY LYNN WAGNER		
Typed or printed name	e of signee	9

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) SECHLIATIV OF STATE