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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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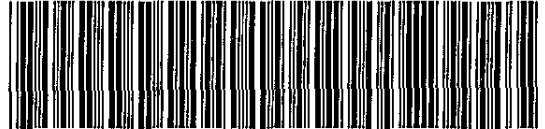
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations
409 E. Gaines Street
P.O. Box 6327
Tallahassee, FL 32399

SUBJECT: N TOWN, LLC

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

Please return all correspondence concerning this matter to the following:
J. MARK FISHER, Esq.

(Name of Person)

Law Office of J. Mark Fisher
(Firm/Company)

148 Miracle Strip Pkwy. SE, Suite 2
(Address)

Fort Walton Beach, FL 32548
(City/State and Zip Code)

For further information concerning this matter, please call:

J. Mark Fisher at (850) 244-8989

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **N TOWN, LLC**

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

N TOWN, LLC

148 Miracle Strip Pkwy, SE, Suite 2
Ft. Walton Beach, FL 32548

N TOWN, LLC

148 Miracle Strip Pkwy, SE, Suite 2
Ft. Walton Beach, FL 32548

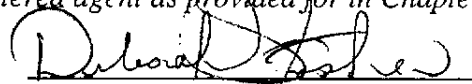
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Name: **Deborah S. Fisher**

Address: **148 Miracle Strip Pkwy, SE, Suite 2**
Ft. Walton Beach, FL 32548
(P.O. Box **NOT** acceptable)

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, F.S..



Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA

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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:

MGRM

Deborah S. Fisher
602 Pelham Road
Ft. Walton Beach, FL 32548

MGRM

Bonnie L. Nabors
17 Longwood Drive
Shalimar, FL 32579

(Use attachment if necessary)

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.)

DEBORAH S. FISHER

Typed or printed name of signee

**STATE OF FLORIDA
COUNTY OF OKALOOSA**

The foregoing instrument was acknowledged before me this APR 6 2005 by **DEBORAH S. FISHER**, who is personally known to me or who has produced _____ as identification and who did not take an oath.



Sandra O Duh
My Commission DD168767
Expires December 02, 2006


SANDRA O. DUH, NOTARY PUBLIC

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)**

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TALLAHASSEE, FLORIDA

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