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| (Requestor's Name)                      |                    |  |  |  |
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| (Address)                               |                    |  |  |  |
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| (Address)                               |                    |  |  |  |
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| (Cit                                    | ty/State/Zip/Phone | <del>=====================================</del> |  |  |
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| Certified Copies Certificates of Status |                    |  |  |  |
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| Special Instructions to                 | Filing Officer:    |  |  |  |
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## TRANSMITTAL LETTER

| TO: Registration Sea<br>Division of Cor |   |  |   |                                  |
|---|---|--|---|----------------------------------|
|   | , p   |  | Oxfou                                   |                                  |
| SUBJECT: 88, ILC                        | OKPOW   | Dielopour                                | Developm                                | ent, LLC                         |
|   | (Name of L                                    | imited Liability Company                 | )                                       | ·                                |
| The environd Autobe of                  | ::::::::::::::::::::::::::::::::::::::        | and milionistics for filling             |   |                                  |
|   |   | are submitted for filing.                |   |                                  |
| Please return all correspo              | undence concerning this                       | matter to the following:                 |   |                                  |
| William N                               | lorberg, III                                  |  |   |                                  |
|   |   | (Name of Person)                         |   |                                  |
|   |   |  |   |                                  |
| <del></del>                             |   | 200                                      |   |                                  |
|   |   | (Firm/Company)                           |   |                                  |
|   |   |  |   |                                  |
| 378 Monaco                              | Bivd  | (Address)                                |   |                                  |
|   |   | (12001000)                               |   |                                  |
| Punta                                   | Gorda, FL 33950                               |  |   |                                  |
|   |   | (City/State and Zip Code)                |   | TAN 23                           |
|   |   |  |   | ψ <sub>2</sub> 2                 |
| For further information of              | oncerning this matter, p                      | lease call:                              |   | 明二                               |
| William Norberg, III                    |   | ai ( 877 ) 2                             | 78-6662                                 |                                  |
|   | of Person)                                    | (Area Code &                             | Daytime Telephone Nun                   | mber)                            |
| Continued to a street stre              | d. Gillanda                                   |  | _                                       |                                  |
| Enclosed is a check for                 | <del>-</del>                                  |  |   |                                  |
| \$125,00 Filing Fee                     | S \$130.00 Filing Pe<br>Certificate of Status | e & [] \$155.00 Filing<br>Certified Copy |   | 00 Filing Fee,<br>te of Status & |
|   |   | (additional copy is en                   | closed) Certified                       | l Copy                           |
|   |   |  | Management                              | copy is enclosed)                |
|   | ET ADDRESS:                                   |  | ILING ADDRESS:                          | "                                |
|   | ation Section n of Corporations               |  | Istration Section islon of Corporations | 1                                |
| 409 E.                                  | Gaines Street                                 | P.O.                                     | Bex 6327                                |                                  |
| 1 2 11 2 13 2 2                         | ssee, Florida 32399                           | Tall                                     | ahassee, Florida 32314                  | <b>'</b>                         |
|   |   |  |   |                                  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - Name:<br>The name of the Limited Liability Com | pany is:   |
|--|--|
| Battle Oxbu Dev  | elopment, LLC  |
| -  | of the principal office of the Limited Liability Company is: |
| Principal Office Address:                                  | Mailing Address:   |
| 378 Monaco Bivd  | 378 Monaco Blvd  |
| Punta Gorda, FL 33950                                      | Punta Gorda, FL 33950  |
| ARTICLE III - Registered Agent, Re                         | gistered Office, & Registered Agent's Signature:             |
|  | or the radiotace adout mo.                                   |
| William Norberg, III                                       |  |
|  | Name   |
| 378 Monaco Blvd  | ,  |
| Florida  | street address (P.O. Box NOT acceptable)                     |
| Punta Gorda, FL 3398                                       | O PL   |
|  | State and Cin  |

Having been named as registered agent and to accept service of process for the above stated liftlified 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

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:  |  |  |  |
|--|--|--|--|--|
| MGRM   | William Norberg, ill   |  |  |  |
| A STATE OF THE PARTY OF THE PAR | 378 Monaco Blvd<br>Punta Gorda, FL 33950   |  |  |  |
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|  |  |  |  |  |
| (Use attachment if necessary)  NOTE: An additional article must be   | added if an effective date is requested.   |  |  |  |
| REQUIRED SIGNATURE:  |  |  |  |  |
| WIM  |  |  |  |  |
| Signature of a member or   | an authorized representative of a member.  |  |  |  |
| (In accordance with section of this document constitutes that the facts stated hereit  | 608:408(3). Florida Statutes, the execution an affirmation under the penalties of perjury are true.)   |  |  |  |
| William Norberg, III   | or printed name of signee  |  |  |  |
| Filing Feer:   |  |  |  |  |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)