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SECTION OF SIMILARIES OF STATE

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TRANSMITTAL LETTER

TO: Registration Se Division of Co				
SUBJECT: BAT		ed Liability (d Liability Company)	Company	
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
	V. Elaine R	Vichards Name of Person)		
	SATTRICH L.L.C	Firm/Company)		
	-08 TuseA T	(Address)		
<u></u> <i>W</i> :	inter Springs (City)	FL 3270 State and Zip Code)	8 SECTION SECTION	05 AUG 22 AH H: 0:
For further information	concerning this matter, please	call:	ر الرائي الرائي الرائي	2 AH
V. Elaine R. (Name	c hards of Person)	at (407 699 (Area Code & Daytime Te	6333 ORDER	III: 07
Enclosed is a check for	or the following amount:			
□ \$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ET ADDRESS: ration Section	MAILING A Registration S		

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

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I - Name:
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The name of the Limited Liability Company is:

BATTRICH Limited Liability Company

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

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

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

Name

1408 Tuse A TRAIL

Florida street address (P.O. Box NOT acceptable)

Winter Springs FL 32708

City, State, and Zip

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)

The name and address of each Manager of	or Managing Member is as follows:	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Vi Elaine Richards 1408 Tutch TRAIL Winter Springs FL 32	-708
mg R M	Hamida Battla 9502 LAVILL COURT Windermere FL 3471	84
(Use attachment if necessary)		
NOTE: An additional article must be	added if an effective date is requested.	ي 205
REQUIRED SIGNATURE:		A A
1. Hay	2 Mohare	OS AUG 22 AI
Signature of a member or	an authorized representative of a member.	h im '
	1608.408(3), Florida Statutes, the execution as an affirmation under the penalties of perjury in are true.)	AHII: 07

Filing Fees:

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

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

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

V. Elaine Richards
Typed or printed name of signee