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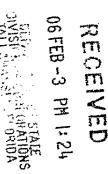
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: HATTE	Name of Limited Liabi	Dentry lity(Company)	LLC.
The enclosed Articles of Organization	and fee(s) are submitte	d for filing.	
Please return all correspondence conce	rning this matter to the	following:	
Christophe	25 + Gir	ger H	Mene
"Vancot	S C ax	senter	LLC.
9 mur	(Firm/Co	ombany)	
Crawford	isile.	ress) Ha. 3	2327.
	(City/State ar	nd Zip Code)	
For further information concerning this	matter, please call:		
Zimer Har	rell at (850, S19-	8341_
(Name of Person)		(Area Code & Daytime Te	lephone Number)
Enclosed is a check for the following	g amount:		
\$125.00 Filing Fee \$130.00 Certificate	of Status Certi	155.00 Filing Fee & ified Copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ade Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	as

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Principal Office Address:	Mailing Address:
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is:
Must end with the words "Limited Liability Company,	"Limited Company" or their abbreviation "LLC," or "L.C.,")
The name of the Limited Liability Compai	ny is:

PANTOVILLE Fla. Crawtordiville Fla.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ARTICLE I - Name:

Name

Plorida street address (P.O. Box NOT acceptable

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	1
MGR	Christopher E. Harrell Crawfordville Fb. 32327
MGRM	Fabian S. Miller Invente Ave Crawlers ville Ela. 32327
mGRM	Lee Pennington 1903 Warbille Horis
	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the	1-3-5) (OPTIONAL)
(If an effective date is listed, the date must b	e date of filing:

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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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Filing Fees:

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

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