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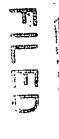
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COVER LETTER

TO: Registration Se		
SUBJECT: Tom Ba		Al inhitio Community
	(Name of Limited	d Liability Company)
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.
Please return all corresp	ondence concerning this matte	er to the following:
Thomas B.		
	0	Name of Person)
	(Firm/Company)
213 Shady	/ Oaks Circle	
		(Address)
Lake Mary	, FL 32746	
	(City.	(State and Zip Code)
For further information	concerning this matter, please	call:
Tom Ball		at (407) 324-0444
(Name	of Person)	at (407) 324-0444 (Area Code & Daytime Telephone Number)
Enclosed is a check for	or the following amount:	
\$125.00 Filing Fcc	\$130.00 Filing Fcc & 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Tom Ball Interests, LLC (Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Limited Liability Company," Liability Company, "Liability Company," Liability Company, "Liability Company, "Liab	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
213 Shady Oaks Circle Lake Mary, FL 32746	213 Shady Oaks Circle Lake Mary, FL 32746
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Thomas B. Ball, III	
Name	
213 Shady Oaks Circle	
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Lake Mary City, State, a	FL 32746
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Registered Agent's Sig nat	SECRETARY TALLAHASSE
(CONTIN 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:

113 4 / TO 11 3 4		Name and Address:	
"MGR" = Man "MGRM" = M	lager anaging Member		
MGRM		Thomas B. Ball, III	
WORW		213 Shady Oaks Circle	
		Lake Mary, FL 32746	
		zano marji ve ozrio	
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(Use attachme	nt if necessary)		
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	• /	e date of filing: . (OPTIONA	AL)
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CLE V: Effective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.)		
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CLE V: Effective effective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE:		
CLE V: Effective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with se	er or an authorized representative of a member.	
CLE V: Effective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member of this document const	er or an authorized representative of a member.	
CLE V: Effective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with se	er or an authorized representative of a member.	

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)

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