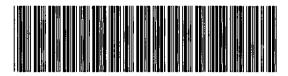
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(Re	equestor's Name)			
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PICK-UP	WAIT	MAIL		
(Bu	siness Entity Name)			
(Document Number)				
Certified Copies	_ Certificates of	Status		
Special Instructions to	Filing Officer:			
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		Op.		

Office Use Only

EFFECTIVE DATE 9-24-07



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SECRETARY OF STATE
TO HASSEE FLORIO

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJI	BATB IX, LLC							
		e of Limi	ted Liability Comp	any)				
The en	closed Articles of Organization and	fee(s) are	submitted for filin	g.				
Please	return all correspondence concernin	g this ma	tter to the following	<u>-</u> 2:				
	David A. Pesante	<i>G</i>	•	3 .				
			(Name of Person)					
	BATB IX, LLC							
			(Firm/Company)			=		
	1245 Woodchurch Lane					SECRE)7 SEI	
			(Address)			TAX:	55 c	CHEST COMP
	St. Augustine, Florida 3209	2				SEE, Y of	P	
		(Ci	ity/State and Zip Cod	e)		FLO	12: 00	
For fu	ther information concerning this ma	tter, pleas	se call:			TATE	00	
David	A. Pesante		904 at (382-620	00			
	(Name of Person)		_ \	le & Daytime	Telephone	Number))	
Enclo	sed is a check for the following a	mount:						
] \$125	.00 Filing Fee \$130.00 Filing Certificate of	_	\$155.00 Filin Certified Co (additional cop	ру) Cert	0.00 Fili ificate of ified Control	of Sta opy	tus &
	Mailing Addres Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations	Registrat Division Clifton I 2661 Ex	ourier Addition Section of Corpora Building	tions ter Circle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ICI	FI	_ N	lam	۵.
AKI	11.1	JPJ I	- 13	ınıkı	e:

The name of the Limited Liability Company is:

BATB IX, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "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:
1245 Woodchurch Lane St. Augustine, Florida 32092	SAME
	registered agent are: e registered agent are: AREC PRIZE OF STATE OF STAT
St. Augustine, FL 32092 City, State	_

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)

EFFECTIVE DATE 9-24-07

(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:

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGR	David A. Pesante	
	1245 Woodchurch Lane St. Augustine, Florida 32092	-
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	TASSE	
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	ORIDA DRIDA	2
		<u> </u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 24, 2007
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

David A. Pesante

Typed or printed name of signee

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)