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| PICK-UP                 | ☐ WAIT             | MAIL        |
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| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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TALLAN SSEEL PRIDA

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## **COVER LETTER**

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| TO: Registration Section Division of Corporations  |         |
|--|---------|
| SUBJECT: BATTON Concute Services LLC Name of Limited Liability Company   |         |
| The enclosed Articles of Organization and fee(s) are submitted for filing.   |         |
| Please return all correspondence concerning this matter to the following:  |         |
| WALTER T. BATTOW Name of Person  |         |
| BATTON Concert Services LCC Firm/Company   |         |
| 826 Eyrie Driùi Address  |         |
| Address  | e-treed |
| Ovieno, K 32765  City/State and Zip Code   | SECRE   |
| in ich ele au anna la con de la contra del la contra de la contra de la contra del la contra del la contra de la contra del la cont | TARY OF |
| E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:   | T SIA   |
| WALTER 1. BATTON 401 408-1367  Name of Person Area Code Daytime Telephone Number   | D.F.    |
| Enclosed is a check for the following amount:  |         |
| \$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   |         |
| Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301   |         |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| RTICLE I - Name: he name of the Limited Liability Company is:  |            |
|--|------------|
| Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")   |            |
| RTICLE II - Address: he mailing address and street address of the principal office of the Limited Liability Company is:  |            |
| Principal Office Address: Mailing Address:   |            |
| 525 Kays Lansing 826 Eyric Drive<br>34 Ntono, Fr 3271 OVIEDO, Fr 3270  | <b>4</b> 5 |
| RTICLE 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 nother business entity with an active Florida registration.) |            |
| he name and the Florida street address of the registered agent are:  |            |
|  | S M        |
| Florida street address (P.O. Box NOT acceptable)   |            |

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 605, F.S..

Walter T. Saller
Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

| "AMBR" = Authorized Member   | Name and Address:  |                |
|--|--|----------------|
| "MGR" <del>-, M</del> anager   |  |                |
| President.   | WALTER BATTON  |                |
|  | 5AN HOND. 92 3277/   |                |
| Sontrus  | To N I   |                |
|  | JAMES Cupningham   |                |
|  | OVIEDO, # 32765  |                |
|  | , ,  |                |
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| (Use attachment if necessary)  |  |                |
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