

W4000042917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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06/04/04--01048--004 **155.00

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W4-42917
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BTH SECURITIES, 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:

BYRON HAMRICK
(Name of Person)

BTH SECURITIES, LLC
(Firm/Company)

5321 GOSHAWK DRIVE
(Address)

MILTON, FL 32570
(City/State and Zip Code)

For further information concerning this matter, please call:

BYRON HAMRICK at (850) 983-2538
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CLERK OF STATE
TALLAHASSEE, FLORIDA

14 JUN 14 PM 12:40

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BTH SECURITIES, LLC

ARTICLE II - Address:

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

Principal Office Address:

5321 GOSHAWK DRIVE

MILTON, FL 32570

Mailing Address:

5321 GOSHAWK DRIVE

MILTON, FL 32570

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

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

BYRON HAMRICK

Name

5321 GOSHAWK DRIVE


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

MILTON

FL 32570

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

FILED
JAN 4 PM 2:43
TALLAHASSEE, FLORIDA

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

BYRON HAMRICK

5321 GOSHAWK DRIVE

MILTON, FL 32570

MGRM

STACY HAMRICK

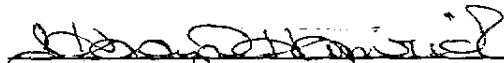
5321 GOSHAWK DRIVE

MILTON, FL 32570

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

BYRON HAMRICK

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

RECEIVED
CLERK OF CIRCUIT COURT
FLORIDA
JULY 4, 2012

FILED