Division d



Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100001158683)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ARNSTEIN & LEHR LLP

Account Number : 120060000021 Phone

: (561)833-9800

Fax Number

: (561)655-5551

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

# FLORIDA LIMITED LIABILITY CO. BTI FTC MANAGER, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 01       |
| Estimated Charge      | \$155.00 |

Electronic Filing Menu Corporate Filing MGnu MCLE Pap

MAY 14 2010

**EXAMINER** 

5/13/2010

https://efile.sunbiz.org/scripts/efilcovr.exe

(((H10000115868 3)))

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE 1 - Name:**

The name of the Limited Liability Company is:

BTI FTC MANAGER, LLC

#### ARTICLE II - Address:

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

201 Alhambra Circle, Suite 601 Coral Gables, FL 33134

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

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

Michael B. Denberg, Esq.

Name
c/o Arnstein & Lehr LLP
200 South Biscayne Boulevard, Suite 3600
Florida street address (P.O. Box NOT acceptable)

Miami, FL 33131 City, State, and Zip 10 MAY 13 AM 9: 17

AY SE STATE CONFICTION AT ISSUE

Having been named as registered agent and to accept fervice 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 solutions to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position is segistered agent as provided for in Chapter 608, F.S.

Registered Agon's Signature

#### Article IV - Management (Check box if applicable.)

[X] The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added it an effective date is requested)

Signature of a mep ber or an authorized representative of a member.

(In accordance with section 604.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Michael B. Denberg, Authorized Representative
Typed or printed name of signee

9025052.1