

L12000120366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

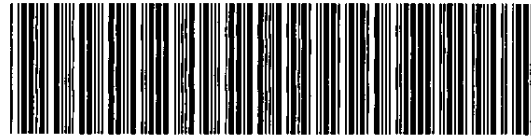
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500239769185

09/19/12--01008--017 \*\*125.00

2012 SEP 19 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

J. SAULSBERRY  
EXAMINER

SEP 20 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BLTN PROPERTIES 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:

Lynn K. Mackle

Name of Person

BLTN PROPERTIES LLC.

Firm/Company

1230 W. 57th. St.

Address

Kansas City, MO. 64113

City/State and Zip Code

lynnmackle@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert F. Mackle Jr.

Name of Person

at

816

225-4868

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & 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  
Tallahassee, FL 32301

FILED  
2012 SEP 19 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**BLTN PROPERTIES 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:

250 Bradley Pl. APT 307  
Palm Beach, FL 33480

#### Mailing Address:

1230 W. 57th St  
Kansas City, MO 64113

### ARTICLE 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 another business entity with an active Florida registration.)

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

Robert F. Mackle III

Name

456 Briarwood Drive

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

Winter Park

FL 32789

City, State, and Zip

2012 SEP 19 AM 8 52  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

(CONTINUED)

