

L13000001424

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 JAN -2 PM 4:04

C. LEWIS
Jan. 3, 2013
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2012

MURL SHORTER / BT ENTERPRISES OF NSB, LLC
2011 CALDWELL ST
NEW SMYRNA BEACH, FL 32168

SUBJECT: BT ENTERPRISES OF NSB, LLC
Ref. Number: W12000061330

We have received your document for BT ENTERPRISES OF NSB, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 112A00029269

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **BT ENTERPRISES OF NSB, 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:

MURL SHORTER

Name of Person

BT ENTERPRISES OF NSB, LLC

Firm/Company

2011 CALDWELL ST

Address

NEW SMYRNA BEACH, FL. 32168

City/State and Zip Code

BTSHORTER@CFL.RR.COM

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

For further information concerning this matter, please call:

MURL SHORTER

Name of Person

at (**386**) **427-7369**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BT ENTERPRISES OF NSB, 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:

2011 CALDWELL ST

NEW SMYRNA BEACH, FL. 32168

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:

MURL SHORTER

Name

2011 CALDWELL ST

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

NEW SMYRNA BEACH

FL 321168

City, State, and Zip

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2013 JAN -2 PM 4:04

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..

X M. Shorter

Registered Agent's Signature (REQUIRED)



(CONTINUED)

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

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

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DIVISION OF CORPORATION

2013 JAN -2 PM 4:04

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

MURL SHORTER

2011 CALDWELL ST

NEW SMYRNA BEACH, FL. 32168

MGR

TERESA SHORTER

2011 CALDWELL ST

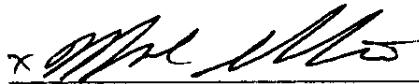
NEW SMYRNA BEACH, FL. 32168

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:

x 

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

x Murl Shorter

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)