

L13000024534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

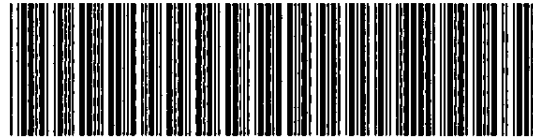
(Business Entity Name)

(Document Number)

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

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2018 FEB 14 11:35  
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TALLAHASSEE FLORIDA

WI300005844

FEB 15 2012

D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2013

DUNCAN TIMA  
7699 NW 20TH CT  
SUNRISE, FL 33322

SUBJECT: BTCHESXBUSINESS LLC  
Ref. Number: W13000005844

We have received your document for BTCHESXBUSINESS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 29, 2013. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Deborah Bruce  
Regulatory Specialist II

Letter Number: 213A0000231

2013 FEB 14 PM 3:55  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(850) 245-6051.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BtchesxBusiness**

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:

**Duncan Tima**

Name of Person

**BtchesxBusiness**

Firm/Company

**7699 NW 20th ct**

Address

**Sunrise, FL 33322**

City/State and Zip Code

**tima\_bxbclothingco@yahoo.com**

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

For further information concerning this matter, please call:

**Nikita Carty**

Name of Person

at ( **954** ) **817-9814**

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  
2018 FEB 14 11:33:55  
CLERK OF THE  
COURT  
TALLAHASSEE FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

BtchesxBusiness 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:

7699 NW 20th ct Sunrise, FL 33322

### Mailing Address:

7699 NW 20th ct Sunrise, FL 33322

## 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:

Nikita Carty

Name

9340 Marino Circle Apt 304


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

Naples

FL 34114

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 (REQUIRED)

(CONTINUED)

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2016 FEB 14 PM 3:55  
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TALLAHASSEE FLORIDA

**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:**

MGR

Duncan Tima

7699 NW 20th ct Sunrise, FL 33322

MGR

Nikita Carty

9340 Marino Circle Apt 304 Naples FL 34114

(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:**

  
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.)

Duncan Tima

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)

2012 FEB 14 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE FL 32310-0001

FILED