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(Reques	tor's Name)	
(Address	)	
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(City/Sta	te/Zip/Phone #)	)
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(Docume	ent Number)	
Certified Copies	Certificates of	Status
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COVER LETTER
TO: Registration Section Division of Corporations
SURJECT: BTS Systems 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:
Hugo Rene Bueno
Name of Person
Business Trade and Services Inc.
Firm/Company
9926 NW 29th Street
Address
Doral, FL 33172
City/State and Zip Code
rbueno@btsquality.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hugo Rene Bueno 3956706
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address Registration Section  Street/Courier Address Registration Section
Division of Corporations Division of Corporations

P.O. Box 6327 Taliahassee, FL 32314

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 Liab	lity Company is:			
BTS Systems LLC.				
	d with the words "!	Limited L	ability Company, "L.L.C	:.," or "LLC.")
ARTICLE II - Address:				
The mailing address and street	address of the prir	ncipal offi	ce of the Limited Liabilit	y Company is:
Principal Office Address:		<u>Mailing</u>	Address:	
9926 NW 29th Street, Doral, FL 3	3172	_	9926 NW 29th Street, Dora	il, FL 33172
		_		
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stre	ny cannot serve as n active Florida reg	its own Registration.)	egistered Agent. You mu	
The name and the Florida site	st address of the rep	gistered ap	gent are.	
Busine	ss Trade and Service	s Inc. Name	<del> </del>	_
		Name		
	W 29th Street	NO D 1	1000	<del></del>
Flori	da street address (P	.О. вох <u>г</u>	(OI acceptable)	
<u>Mian</u>			FL 33172	<u> </u>
	City		Zip	
the place designated in this capacity. I further agree to	s certificate, I hereb comply with the pro	by accept to ovisions of ot the oblig	he appointment as registe all statutes relating to the	re stated limited liability company at red agent and agree to act in this proper and complete performance egistered agent as provided for in
		w	M	
	Registered Agent	`s Signatu	re (REQUIRED)	
	(CO	NTINUE	D)	

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<u> Citle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
MGR	Hugo Rene Bueno
	9926 NW 29th Street
	Doral, FL 33172
AMBR	Leticia Castro Bueno
	9926 NW 29th Street
	Doral, FL 33172
<del> </del>	
CV: Effective date, if other than the da	te of filing: 01/10/2014 . (OPTIONAL)  pecific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the da ctive date is listed, the date must be s f filing.)	
EV: Effective date, if other than the date ctive date is listed, the date must be softling.) EVI: Other provisions, it any.	
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