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| (Re | equestor's Name) | |
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| (Ci | ty/State/Zip/Phone | ₹#) |
| PICK-UP | ☐ WAIT | MAIL |
| <u> </u> | | |
| (Bu | isiness Entity Nan | ne) |
| (5. | | |
| (D0 | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE

T. Burch SEP 2.2 2014

COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|-----------|---|---|--|
| SUBJI | ECT: MBT Properties, LLC | | |
| | Name of Li | mited Liability Company | |
| | oclosed Articles of Organization and fee(s) a | | |
| Please | return all correspondence concerning this n | natter to the following: | |
| | Brenda M. Trivelli | | |
| _ | | Name of Person | |
| | | | |
| _ | | Firm/Company | |
| | | | |
| | 1460 Langham Terrace | | <u> </u> |
| | | Address | |
| | Heathrow Et 22746 | | |
| | Heathrow, FL 32746 | City/State and Zip Code | |
| br | renmcpa@aol.com | | |
| | E-mail address: (to be use | ed for future annual report notifica | ition) |
| For fur | ther information concerning this matter, ple | ase call: | |
| | | | |
| Brend | a M. Trivelli at (Name of Person | 407) 461-2503 | 1 1 1 |
| | name of Person | Area Code Daytime Tel | lephone Number |
| Enclos | ed is a check for the following amount: | | |
| □ \$125.0 | 00 Filing Fee \$\times \text{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 | Street/Courier Add | ress |
| | Registration Section | Registration Section | |
| | Division of Corporations | Division of Corporat | ions |

P.O. Box 6327 Tallahassee, FL 32314

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 Comp | any is: | | | | |
|--|--|--|--|---|------------------------|
| MBT Properties, LLC (Must end with the | words "Limited I | iability Company, "L.L.C.," | or "LLC.") | | |
| ARTICLE II - Address: The mailing address and street address of | f the principal off | ice of the Limited Liability C | ompany is: | | |
| Principal Office Address: | | Mailing Address: | | | |
| 1460 Langham Terrace Heathrow, FL 32746 | | 1460 Langham Terrace Heathrow, FL 32746 | | | |
| ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot sanother business entity with an active Floring The name and the Florida street address of the Page 18 M. Trivia | serve as its own R orida registration. of the registered a | egistered Agent. You must do) | | ual or | , |
| Brenda M. Trive | eili Name | | SEC | S 71 | transport. |
| <u>1460 Langham</u> Florida street ad | | NOT acceptable) | VE TAR VHASSI | SEP 17 | ALEMANIA ET EXPORTE |
| Heathrow | | FL 32746 | m. r | P | |
| | City | Zip | STA FLOR | ÷. | |
| Having been named as registered agent of the place designated in this certificate capacity. I further agree to comply with of my duties, and I am familiar with an | e, I hereby accept t h the provisions of nd accept the oblig | he appointment as registered all statutes relating to the pro | ated limited liabilit agent and agree to oper and complete p | E t g.n om act ir perfor | n this mance |
| Bren | da M, ~ | Trivelli | _ | | |
| Registere | d Agent's Signatu | ra (REMURED) | | | |

(CONTINUED)

Page 1 of 2

| Title: "AMBR" = Authorized Member | Name and Address: |
|---|--|
| "MGR" = Manager | December 14 Televille |
| AMBR | Brenda M. Trivelli |
| | 1460 Langham Terrace |
| | Heathrow, FL32746 |
| AMBR | Michael I Trivelli |
| AIVIDR | Michael J. Trivelli |
| | 1460 Langham Terrace Time |
| | Heathrow, FL32746 |
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| EV: Effective date, if other than the | date of filing: |
| EV: Effective date, if other than the ective date is listed, the date must be f filing.) | date of filing: |
| E V: Effective date, if other than the ective date is listed, the date must be filling.) E VI: Other provisions, if any. | date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 d |
| E V: Effective date, if other than the ective date is listed, the date must be if filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: | e specific and cannot be more than five business days prior to or 90 d |
| REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation of a may a ware that any false in | e specific and cannot be more than five business days prior to or 90 d |
| EV: Effective date, if other than the ctive date is listed, the date must be filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation of I am aware that any false in | member or an authorized representative of a member. in 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.) |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)