

L15000620033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

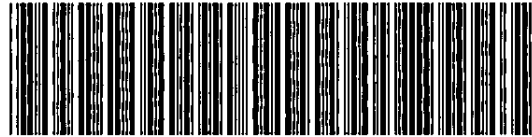
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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15 JAN 26 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 FEB 03 2015

For any questions contact

Adriana Tamayo

phone → 954-471-6202

email → adritamayo@btecreatives.com

address → 100 S Birch Rd. Apt 2602

Fort Lauderdale, FL 33316

Please send the letter of acknowledgment
to the above address

Thank you

Adriana Tamayo

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BTR Creatives 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:

Adriana Tamayo

Name of Person

BTR Creatives LLC

Firm/Company

Axis Space Coworking, 333 Las Olas Way, CU1

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

adritamayo@btrcreatives.com

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

For further information concerning this matter, please call:

Adriana Tamayo

Name of Person

at (954)

Area Code

471 6202

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BTR Creatives 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:

Axis Space Coworking, 333 Las Olas Way, CU1
Fort Lauderdale, FL 33301

Mailing Address:

Axis Space Coworking, 333 Las Olas Way, CU1
Fort Lauderdale, FL 33301

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:

Adriana Tamayo

Name

100 S Birch Rd. Apt 2602

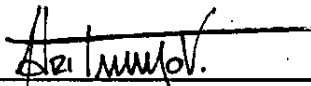
Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale FL 33316

City

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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Adriana Tamayo

100 S Birch Rd, apt 2602

Fort Lauderdale, FL 33316

AMBR

Fernando Tamayo

100 S Birch Rd, apt 2602

Fort Lauderdale, FL 33316

AMBR

Elizabeth Vogeler de Tamayo

100 S Birch Rd, apt 2602

Fort Lauderdale, FL 33316

AMBR

Henrique Tamayo

100 S Birch Rd, apt 2602

Fort Lauderdale, FL 33316

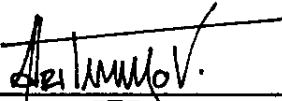
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Adriana Tamayo

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)

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