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COVER LETTER

Registration Section
Division of Corporations

. TO:

•	•	№	76	 چ	* 4	٠
SUBJECT: BTTS LLC	Name of Lin	nited Liability Cor	mpany			
						
The enclosed Articles of Organizati	ion and fee(s) ar	e submitted for fil	ling.			•
Please return all correspondence co	ncerning this ma	atter to the follow	ing:			
CHARLES B. BOUL	WARE					
		Name of Person	מ			
BTTS LLC						
		Firm/Company	•			
1305 S WIGGINS RO	DAD					
		Address				
PLANT CITY FL 33	566					
1 3 4.1		ity/State and Zip (Code			
<u> z et@aol.com</u> E-mail add	lress: (to be use	for future annua	report notifica	tion)		
For further information concerning	this matter, plea	ise call:	-			
CHARLES B. BOULWARE Name of Person	at (_{	363) <u>559</u> Area Code	0-8949 Daytime Tel	ephone Number	-	
Enclosed is a check for the following	ng amount:					
~	Filing Fee & ate of Status	□\$155.00 Filin Certified Cop		□\$160.00 Fill Certificate	ing Fee, of Status &	
		(additional copy	y is enclosed)	Certified C (additional co		ed)
Mailing Address			t/Courier Addr	ress		
Registration Secti Division of Corpo		_	tration Section ion of Corporate	ions		
P.O. Box 6327		Clifto	n Building			
Tallahassee, FL 3	32314		Executive Cent nassee, FL 3230			

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY 25 3 3
ARTICLE I - Name: The name of the Limited Liability Company is:	ORIDA LIMITED LIABILITY COMPANYES STATES STA
BTTS LLC	7. 7.
(Must end with the words "Limited I.	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	, 900
The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1305 S.WIGGINS ROAD	1305 S WIGGINS ROAD
PLANT CITY FL 33566	PLANT CITY FL 33566
ARTICLE III - Registered Agent, Registered Office, & The Limited Liability Company cannot serve as its own Ranother business entity with an active Florida registration.	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
CHARLES B. BOULWARE	
Name	
1305 S WIGGINS ROAD	
Florida street address (P.O. Box I	NOT acceptable)
PLANT CITY	FL 33566
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.

Harles B Boulurase
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>litle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AMBR	CHARLES B. BOULWARE
	1305 S WIGGINS ROAD
	PLANT CITY FL 33566
	<u> </u>
MGR	PEGGY M. BOULWARE
	1305 S WIGGINS ROAD
	PLANT CITY FL 33566
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