## 15000121002

(	Requestor's Name)	
(	Address)	
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(	City/State/Zip/Phone #)	
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7/20/15

## **COVER LETTER**

	Registration Section Division of Corporations					
SUBJEC	BTB Land Partners, LLC					
SUBJEC		Limited Liabili	ity Company	-		
The enclo	osed Articles of Organization and fee(s	) are submitted	for filing.			
Please ret	urn all correspondence concerning this	s matter to the f	ollowing:			
	NATALIA HADDAD					
		Name of	Person			
		Firm/Co	mpany			
	6811 PORTO FINO CIRCLE					
		Addr	ess			
	FORT MYERS, FL 33912					
	TALHAD19@AOL.COM	City/State an	d Zip Code			
		sed for future a	nnual report notification)	4.	<u>ਹੀ</u> .	
For further	information concerning this matter, pl	ease call:				79
	NATALIA HADDAD	239	225-1306		13 PH	The state of the state of
	Name of Person	Area Code	Daytime Telephone Number		# t: 0	١.
Enclosed	is a check for the following amount:			j. So-	)7	
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	LCertifi	al copy is enclosed) Certified (	e of Status &		
	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314		Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

图IL图D

ARTICLE I - Name:	•			F ( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The name of the Limited Liabili	ty Company is:			15 JUL 13 PH 4: 07
DTD I AND BADTN	urne II C			
BTB LAND PARTY (Must end	with the words "Limited	Liability Company	, "L.L.C.," or "LLC.")	
			,	
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	ffice of the Limited	Liability Company is:	
<u>Princip</u>	oal Office Address:		Mailing Addre	<u>ss</u> :
6811 PORTO FINO	CIRCLE	1630	I SHENANDOAH CIRC	LE
FORT MYERS, FL	33912	FOF	T MYERS, FL 33908	
ARTICLE III - Registered Ag	ent Registered Office	& Registered Ages	nt's Signature:	
ARTICLE III - Registered Ag (The Limited Liability Company				vidual or
another business entity with an	active Florida registratio	n.)	Tou must designate an mer	vidual of
The name and the Florida street	address of the registered	agent are:		
	NATALIA HADDA			
		Name		
	16301 SHENANDO	AH CIRCLE		
	Florida street address	s (P.O. Box <u>NOT</u> a	cceptable)	
	FORT MYERS	FL	33908	
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the pam familiar with and accept the o	, I hereby accept the apport of all statutes responsions of all statutes responsions of my position of the control of the cont	cintment as register elating to the proper as registered agent ered Agent's Signal (CONTINUED)	ed agent and agree to act in and complete performance as provided for in Chapter (	n this capacity. I e of my duties, and I
		Page 1 of 2		

<b>litle:</b> 'AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
MGR	NATALIA HADDAD
	6811 PORTO FINO CIRCLE FORT MYERS, FL 33912
	PORT WITERS, PL 33312
MGR	ROBERT HADDAD
	6811 PORTO FINO CIRCLE
	FORT MYERS, FL 33912
V: Effective date, if other than the date tive date is listed, the date must be sp filing.)	• •
CV: Effective date, if other than the date etive date is listed, the date must be sp filing.)  the date inserted in this block does not remarks effective date on the Department	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
ctive date is listed, the date must be sp f filing.)	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
CV: Effective date, if other than the date entire date is listed, the date must be sp filing.) he date inserted in this block does not reent's effective date on the Department CVI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
CV: Effective date, if other than the date effive date is listed, the date must be sp filing.) he date inserted in this block does not rent's effective date on the Department CVI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a me This document is execula may aware that any false.	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
CV: Effective date, if other than the date effive date is listed, the date must be sp filing.) he date inserted in this block does not remt's effective date on the Department CVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me This document is execular aware that any false constitutes a third degree	ember or an authorized representative of a member.  ted in accordance with section 605.0203 (1) (b), Florida Statutes.  einformation submitted in a document to the Department of State  einformation submitted for in s.817.155, F.S.
CV: Effective date, if other than the date effive date is listed, the date must be sp filing.) he date inserted in this block does not rent's effective date on the Department CVI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a me This document is execula may aware that any false.	ember or an authorized representative of a member.  ted in accordance with section 605.0203 (1) (b), Florida Statutes.  emberor an authorized representative of a member.  ted in accordance with section 605.0203 (1) (b) Florida Statutes.  e information submitted in a document to the Department of State  te felony as provided for in s.817.155, F.S.

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