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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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10/28/15

## **COVER LETTER**

TO:	Registration Section Division of Corporations	•
SUBJEC	BTC Removal Concepts LLC	
SOBOLO		l Liability Company
The encl	closed Articles of Organization and fee(s) are su	bmitted for filing.
Please re	return all correspondence concerning this matter	to the following:
	Bryant Carter	
	. )	ame of Person
	BTC Removal Concepts LLC	
		irm/Company
	2041 Pinehurst St	
		Address
	Sarasota FL 34231	
	City/ Boogsda1@yahoo.com	State and Zip Code
	E-mail address: (to be used for	future annual report notification)
For further	er information concerning this matter, please ca	t:
	Bryant Carter 941	726-5706
Enclosed	Name of Person Area	Code Daytime Telephone Number
\$125.00	O Filing Fee \$\frac{130.00}{\text{Certificate of Status}}\$	\$155.00 Filing Fee & Certified Copy dditional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	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

<b>ARTICLE I - Name</b>	:		
The name of the Limi	ited Liability Company is:		
BTC Rem	noval Concepts LLC		
	(Must end with the words "Limit	ed Liability Company	, "L.L.C.," or "LLC.")
ARTICLE II - Addr	MACC)		
	ress: and street address of the principal	office of the Limited	Liability Company is:
Ŭ			
	Principal Office Address:		Mailing Address:
2041 Pine	ehurst St 34231	204	Pinehurst St 34231
<u> </u>			
			<u> </u>
ARTICLE III - Regi	istered Agent, Registered Offic	e, & Registered Agei	nt's Signature:
(The Limited Liability	y Company cannot serve as its ov	vn Registered Agent.	You must designate an individual or
another business enti	ty with an active Florida registrat	tion.)	
The name and the Flo	orida street address of the register	ed agent are:	
	_	J	
	Bryant Carter		
		Name	
	2041 Pinehurst ST		
	Florida street addre	ess (P.O. Box <u><b>NOT</b></u> a	cceptable)
	Sarasota	FL	34231

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..

State

Zip

City

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
"AMBER"	Bryant Carter
	2041 Pinehurst ST
	Sarasota FL 34231
"MGR"	Jakil Morris
MOK	2041 Pinehurst St
	Sarasota FL 34231
	Salasula FL 34231
	The state of the s
	late of filing: (OPTIONAL)
LE V: Effective date, if other than the diffective date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to or 90 days
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)