

Division of Corporations

**L16000070279**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H16000089969 3)))



H160000899693ABCF

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

RECEIVED

16 APR 11 PM 4:39

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : SHUMAKER, LOOF & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813) 229-7600  
Fax Number : (813) 229-1660

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

16 APR 11 AM 10:42

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: mrobbins@slk-law.com

**FLORIDA LIMITED LIABILITY CO.  
LBT Partners LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

H16000089969 3

FILED

16 APR 11 AM 10:42

**ARTICLES OF ORGANIZATION**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**OF**

**LBT PARTNERS LLC**

**ARTICLE I – Name:**

The name of the Limited Liability Company is LBT PARTNERS LLC.

**ARTICLE II – Address:**

The street and mailing address of the principal office of the Limited Liability Company is:

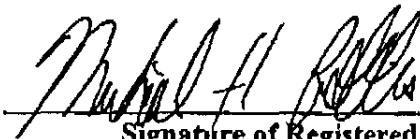
503 West Platt Street  
Tampa, FL 33606

**ARTICLE III – Registered Agent and Office**

The name and the Florida street address of the registered agent are:

Michael H. Robbins  
101 E. Kennedy Boulevard  
Suite 2800  
Tampa, Florida 33602

*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.*



Signature of Registered Agent

#### ARTICLE IV - Management

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

Title	Name and Address
MGR	Samuel R. Linsky 503 West Platt Street Tampa, FL 33606

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 11th day of April 2016.

  
\_\_\_\_\_  
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 section 817.155, Florida Statutes)

\_\_\_\_\_  
Samuel R. Linsky  
Typed or printed name of signee

16 APR 11 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA