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## **COVER LETTER**

	egistration Section ivision of Corporations
SUBJECT	BITTON REALTY LLC
Sebuce	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	DAVID BITTON
	Name of Person
	Firm/Company
	21195 HELMSMAN DRIVE, F12
	Address
	AVENTURA, FL 33180
	City/State and Zip Code DAVIDMBITTON@GMAIL.COM
-	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	DAVID BITTON 786 252-7469
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$125.00 Fi	ling Fee \$\ \text{\$130.00 Filing Fee & Certificate of Status} \ \ \text{\$\ Certificate of Status} \ \ \ \text{(additional copy is enclosed)} \ \ \text{\$\ Certified Copy (additional copy is enclosed)} \ \ \text{\$\ Certified Copy (additional copy is enclose)} \ \ \text{\$\ Certified Copy (additional copy is enclose)} \ \ \text{\$\ Certified Copy (additional copy is enclose)} \ \ \ \ \text{\$\ Certified Copy (additional copy is enclose)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Mailing Address  New Filing Section  Street Address  New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: 16 APR 18 PM 3:52 The name of the Limited Liability Company is: SECRETARY OF STATE BITTON REALTY 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: Mailing Address:** 21195 HELMSMAN DR, F12 21195 HELMSMAN DR, F12 AVENTURA, FL 33180 AVENTURA, FL 33180

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:

**DAVID BITTON** Name 21195 HELMSMAN DR, F12 Florida street address (P.O. Box NOT acceptable) **AVENTURA** City State

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)

Page 1 of 2

Title:		ized to manage and control the L		
"AMBR" = Authorize	ed Member		SECRETARY O TALLAHASSEE	1 51
"MGR" = Manager AMBR		DAVID BITTON	IMPLIANTE	FLO
AWIDK	<del>_</del>	21195 HELMSMAN DR	F12	
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