

**622000351861**  
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.**

(((H22000271933 3)))



H22000271933ABC3

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

**To:**

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

**From:**

Account Name : LIPPES MATHIAS WEXLER FRIEDMAN LLP  
Account Number : I20190000014  
Phone : (904)660-0020  
Fax Number : (904)660-0029

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

Email Address: OZZIEBILOTTA@YAHOO.COM

**FLORIDA LIMITED LIABILITY CO.  
BILOTTA PROPERTIES 5 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2022 AUG 11 PM 4:42

STATION  
RECEIVED  
DIVISION OF  
CORPORATIONS

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

22 AUG 11 PM 12:35

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

(((H22000271933 3)))

DocuSign Envelope ID: 7B3D1885-FE05-4EAF-A437-19C4652609AC 00271933 3)))

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: BILOTTA PROPERTIES S LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OSWALD BILOTTA

Name of Person

Firm/Company

151 SAWGRASS CORNERS DRIVE, SUITE 106

Address

PONTE VEDRA BEACH, FL 32082

City/State and Zip Code

OZZIEBILOTTA@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OSWALD BILOTTA at (631) 495-8603  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
22 AUG 11 PM 12:35  
TALLAHASSEE, FLORIDA

((H22000271933 3)))

DocuSign Envelope ID: 7B3D1885-FE05-4EAF-A437-19C4652609AC ((H22000271933 3)))

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

BILOTTA PROPERTIES 5 LLC

(Must contain 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:**151 SAWGRASS CORNERS DRIVE  
SUITE 106  
PONTE VEDRA BEACH, FL 32082**Mailing Address:**151 SAWGRASS CORNERS DRIVE  
SUITE 106  
PONTE VEDRA BEACH, FL 32082**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:

OSWALD BILOTTA

Name

151 SAWGRASS CORNERS DRIVE, SUITE 106Florida street address (P.O. Box **NOT** acceptable)PONTE VEDRA BEACH FL 32082

City

State

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..*

Designated by:

Oswald Bilotta

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
22 AUG 11 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(((H22000271933 3)))

DocuSign Envelope ID: 7B3D1885-FE05-4EAF-A437-19C4652809AC 00271933 3)))

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**MGROSWALD BILOTTA  
151 SAWGRASS CORNERS DRIVE, SUITE 106  
PONTE VEDRA BEACH, FL 32082MGRKRISTINE BILOTTA  
151 SAWGRASS CORNERS DRIVE, SUITE 106  
PONTE VEDRA BEACH, FL 32082

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

**REQUIRED SIGNATURE:**

Designated by:

Oswald Bilotta

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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 s.817.155, F.S.

OSWALD BILOTTA

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED  
22 AUG 11 PM 12:35  
SECRETARY OF STATE  
ALABAMA, FLORIDA

(((H22000271933 3)))