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L22000351888Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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 6 LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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COVER LETTER

TO: New Filing Section
 Division of Corporations

SUBJECT: BILOTTA PROPERTIES 6 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 631 495-8603
 _____ at (_____) _____
 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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BILOTTA PROPERTIES 6 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 106

Florida street address (P.O. Box **NOT** acceptable)

<u>PONTE VEDRA BEACH</u>	<u>FL</u>	<u>32082</u>
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..

DocuSigned by:

Oswald Bilotta

Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

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

MGR _____

OSWALD BILOTTA
 151 SAWGRASS CORNERS DRIVE, SUITE 106
 PONTE VEDRA BEACH, FL 32082

MGR _____

KRISTINE 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:

DocuSigned 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 Statute.
 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 signer

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)

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 FALLS CHURCH, VA

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