# L2500387004 8-25-15

(Requestor's Name)
(Address)
(Address)
<u> </u>
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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# COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Part Fall Time 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:
BOAM C. PORTEC Name of Person
Firm/Company
16-21 SE 13TA TERRACE
CAPE COROLL, FL 37510  City/State and Zip Code  USAINTU & STMAIL, Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  □\$125.00 Filing Fee & □\$155.00 Filing Fee & □\$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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Butler	Equities	E Co., 112
(Must contain the words "Limi	ted Liability Company, "L.L	.C.," or "LLC.")

## ARTICLE II - Address:

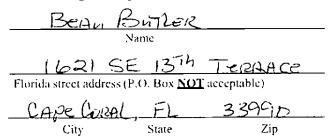
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
C/O BEAU PUTTER	<u> Same</u>
1621 SE 13th TERRACE	
Ape Correc, Pl 55° 10	

# 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:



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)

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager  MGR/PRES		RACE
AMBR	A.T. BUTLER 1621 SE 13Th T CAPE CORAL, EL	239915
AMBR/Founder	J. E. Builer 11-21 SE 1375 T CAPE CURAL, F	ENDACE 1 339910
(Use attachment if necessary)		
(If an effective date is listed, the date must be the date of filing.)	date of filing: 8-85-2025. (especific and cannot be more than five business of the more than five business of the applicable statutory filing requirement ent of State's records.	days prior to or 90 days after
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNAFURE	-	
This document is ex-	member or an authorized representative of a necetted in accordance with section 605.0203 (1) (b) also information submitted in a document to the D gree felony as provided for in s.817.155, F.S.	). Florida Statutes.

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

Filing Fees:

Beau C. Butter Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)