

M04000004106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

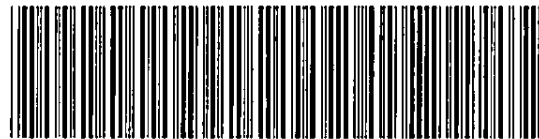
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200421009232

12/28/23--01043--012 **60.00

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 23, 2024

MICHAEL BARTLETT
5606 DEL RIO CT
CAPE CORAL, FL 33904

SUBJECT: BART VENTURES I, LLC
Ref. Number: M04000004106

We have received your document for BART VENTURES I, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

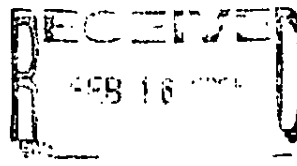
Please sign your amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 924A00001408



RECEIVED
FEB 16 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE BARTLETT FAMILY TRUST
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Bartlett
Name of Person

Firm/Company

5606 DEL RIO CT
Address

CAPE CORAL FL 33904
City/State and Zip Code

REALTY.BARTLETT.MAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Bartlett at (239) 357-1058
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☒ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: BART VENTURES / LLC

Enter new principal office address, if applicable: _____

(Principal office address)
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: _____

(Mailing address)
MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: _____

3. Jurisdiction of its organization: _____

4. Date authorized to do business in Florida: _____

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Michael Bartlett

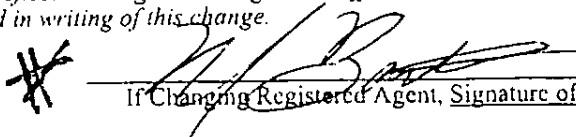
New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 relative 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. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

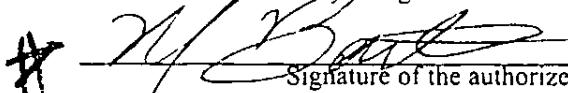

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Michael Bartlett
Typed or printed name of signee

Filing Fee: \$25.00

PREPARED BY AND RETURN TO:

**Irina Prell, Esq.
Esquire Land Title
3729 Chiquita Blvd S.
Cape Coral, FL 33914**

TRUSTEE CERTIFICATION

The Certification of Trust is made this **9th day of August, 2023** by the undersigned, pursuant to and in accordance with Section 736.1017, Florida Statutes, accordingly, said undersigned hereby certifies the following:

1. That certain Trust, known as the **The Bartlett Family Trust Agreement Dated March 23, 2023** (hereinafter the "Trust") was duly executed and created by **Michael Bartlett on March 23, 2023**.
2. The undersigned, whose address is **5606 del Rio Court, Cape Coral FL 33904**, is the duly authorized acting Trustee of the Trust.
3. The Trust grants the undersigned full power and authority to acquire, sell, lease, encumber, manage and otherwise dispose of any and all trust property including, without limitation, the property described as follows:

Lots 3 and 4, Block 19, Unit 1, Part2, Cape Coral Subdivision, according to the Plat thereof, recorded in Plat Book 11, Page(s) 29 through 46, of the Public Records of Lee County, Florida.
Folio 10205294.
4. The Trust authorizes the undersigned to execute any and all documents required in connection with any acquisition, sale, lease, mortgage or other transfer including, without limitation, deeds, mortgages, certifications, affidavits, closing statements and other related documents.
5. The Trust is revocable.
6. That the title to the property of the Trust including, without limitation, the above described property is titled as follows: **Michael Bartlett as Trustee of the Bartlett Family Trust Agreement Dated March 23, 2023**.
7. The undersigned hereby acknowledges and agrees that this Certification of Trust is being made pursuant to and in accordance with Section 736.1017, Florida Statutes, with full understanding that it will be relied upon to establish the truth of the matters set forth herein as provided under Section 736.1017, Florida Statutes.
Further, Affiant sayeth naught.

By: Michael Bartlett
Michael Bartlett, Trustee

 **IRINA PRELL**
MY COMMISSION # HH 191262
EXPIRES: February 25, 2026
Bonded Thru Notary Public Underwriters

ARTICLE 12: NAME OF TRUST

The trusts under this Agreement may be referred to collectively as the "BARTLETT FAMILY TRUST dated the 23 day of MARCH, 2023."

IN WITNESS WHEREOF, the Trustor and the Trustee have executed this Trust Agreement as of the day and year first above written.

WITNESSES:

Keyna M. Powell KEYNA M. POWELL

TRUSTOR:

M. Bartlett
MICHAEL BARTLETT

STATE OF FLORIDA
COUNTY OF LEE

On this 24 day of March, 2023, before me, the undersigned officer, personally appeared MICHAEL BARTLETT, and known to me to be the individual described in and who executed the foregoing Trust Agreement as Trustor and Trustee, and he duly acknowledged to me that he executed said instrument as his free and voluntary act for the uses and purposes therein mentioned and who is personally known to me or produced FL DL as identification.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year above written.

Samantha Puckett
Notary Public

