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(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	



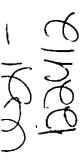
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Requested by: SETH				UCC 1 or 3 File	
	_ 09/22/21			UCC 11 Search	
Name	Date	Time		UCC Retrieval	
					

CAPITAL CONNECTION, INC.



September 9, 2021

LOUIS SUPRASKI 16666 NE 19 AVE STE 113 N MIAMI BEACH, FL 33162

SUBJECT: BTL INVESTMENTS LLC

Ref. Number: W21000122412

We have received your document for BTL INVESTMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6051.

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

Letter Number: 721A00021755

COVER LETTER

TO:

TO:	Registration Section Division of Corporations	
SUBJ	BTL Investments LLC, a Delaware limite	d liability company
0000	Nar	me of Limited Liability Company
		y Company for Authorization to Transact Business in Florida," Certificate of e referenced foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning this matter	to the following:
	Louis Supraski	
	 	Name of Person
	Louis A. Supraski, P.A.	
		Firm/Company
	16666 NE 19th Ave, Suite #113	
	-	Address
	North Miami Beach, Florida 33162	
		City/State and Zip Code
	Supraski@supraskilaw.com	
	E-mail address: (to	be used for future annual report notification)
For fu	rther information concerning this matter, please o	call:
	Lou Supraski	305 792-0060 at ()
	Name of Contact Person	at () Area Code Daytime Telephone Number
	Mailing Address:	Street Address:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$125.00 Filing Fee \$130.00 Filing Fee Certificate	PARTMENT OF STATE Fee & □ \$155,00 Filing Fee & □ \$160,00 Filing Fee, Certificate

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

laware	same adopted for the purpose of transacting business in Flo		2847177		
urisdiction under the law of w	hich foreign limited liability company is organized)	3	(PEI number, if	applicable)	
eptember 01, 2021					
	(Date first transacted business in Florida, if prior to a (See sections 605.0904 & 605.0905, F.S. to determine	registration.) no penalty liabil	ity)		
8 Meridian Avenue			Meridian Avenue		
Address of Principal Office)		6	(Maximg Address)		
iami Beach, Florida i	33139	Mia	mi Beach, Florida 33139		
ame and street addres	ss of Florida registered agent: (P.O. Box	NOT acce	ptable)		2021 S
ame and street addres	ss of Florida registered agent: (P.O. Box Louis A. Supraski	NOT acce	ptable)		2021 SEP 2
		NOT acce	ptable)		23
Name:	Louis A. Supraski	NOT acce	ptable) 33162	STATE	23
Name:	Louis A. Supraski 16666 N.E. 19th Avenue, Suite #113	NOT acce	33162	STAIL STAILS STAILS	2021 SEP 23 PM 12: 23

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Carlos M. Porchetto Roberto Diego Colmenero Manager □ Manager 418 Meridian Avenue 418 Meridian Avenue Address: □ Member □Member Address: Miami Beach, Florida 33139 Miami Beach, Florida 33139 □ Authorized □ Authorized Person Person Other ___ Other □Other _____ □Other_____ ☐ Manager Name: □ Manager Name: ____ Address: ☐ Member ☐ Member Address: ____ ☐ Authorized □ Authorized Person Person □Other... Other___ Other____ Other____ □ Manager Name: _____ ☐ Manager Name: _____ ☐ Member Address: _____ □ Member Address: Authorized ☐ Authorized Person Person Other Other ☐ Other □Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. 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.



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BTL INVESTMENTS LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BTL INVESTMENTS LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 204226738

Date: 09-22-21