L14000164050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

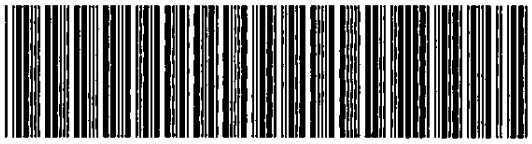
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000265521660

10/20/14--01014--010 **125.00

FILED
14 OCT 20 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TWIN DOLPHINS FORT LAUDERDALE, 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:

Patrick J. Bradley
Name of Person

Bradley & Deike, P.A.
Firm/Company

4018 West 65th Street
Address

Edina, Minnesota 55435
City/State and Zip Code

kent@kentkelly.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick J. Bradley at (952) 926-5337
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
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – NAME:

The name of the Company is **TWIN DOLPHINS FORT LAUDERDALE, LLC**

ARTICLE II – ADDRESS:

Principal Office Address:	**Mailing Address:**
1933 Twin Dolphin Lane Fort Lauderdale, FL 33316	6539 Gray Fox Curve Chanhassen, MN 55317

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent are:

MAE SIMMONS
1672 SE 10th AVENUE
FORT LAUDERDALE, FL 33316

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

ARTICLE IV -

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

Title:	Name and Address:
AMBR	Julia Ruth Kelly 6539 Gray Fox Curve Chanhassen, MN 55317
AMBR	Kenton D. Kelly 6539 Gray Fox Curve Chanhassen, MN 55317

14 OCT 20 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(CONTINUED)

REQUIRED SIGNATURE:

Julia Ruth Kelly

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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Julia Ruth Kelly

Printed name of signee

FILED
14 OCT 20 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA