

L0200000041003

Number Only

2/18/02 Marsha

Alan B. Hecht

Requestor's Name

2070 NE 215 Street

Address

Miami FL 33180

City

State

ZIP

Phone

(305) 933-1441B

VALIDATION ONLY

000004960420--0

-02/20/02--01023--009

***155.00 ***155.00

CORPORATION(S) NAME

TurningPoint Ventures, LLC

() Profit

() NonProfit

() Amendment

() Merger

() Foreign

() Dissolution

() Mark

() Limited Partnership

() Annual Report

☒ Other LLC

() Reinstatement

() Reservation

() Change of Registered Agent

() Certified Copy

() Photo Copies

() Certificate Under Seal

() Call When Ready

() Call If Problem

() After 4:30

☒ Walk In

() Will Wait

☒ Pick Up

() Mail Out

02 FEB 20 AM 11:31
SECURITY OF STATE
TALLAHASSEE, FLORIDA



Empire Toll Free: 1-800-432-3028

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

cert copy

02 FEB 20 AM 9:06

RECEIVED

2002-2

**ARTICLES OF ORGANIZATION
OF
TurningPoint Ventures, LLC
A Florida Limited Liability Company**

The undersigned, a natural person, does hereby form a Limited Liability Company under Florida Statutes §608, and other laws of the State of Florida.

**ARTICLE 1
NAME**

The name of this limited liability company is **TurningPoint Ventures, LLC**, referred to in these Articles of Organization as the "**COMPANY**".

**ARTICLE 2
REGISTERED OFFICE AND AGENT**

The mailing address and the street address of the principal office of the **COMPANY** is 1825 Ponce De Leon Boulevard, Suite 365, Coral Gables, Florida 33134-4418, and the street address of the **COMPANY'S** initial registered office is 1825 Ponce De Leon Boulevard, Suite 365, Coral Gables, Florida 33134-4418, and the initial Registered Agent at that address is **JOSEPH KRAUS**.

**ARTICLE 3
DURATION**

The existence of the **COMPANY** shall be perpetual.

APPROVED
AND
FILED
02 FEB 20 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Prepared by: Alan R. Hecht, Esq., 2670 N.E. 215 St., Miami, FL 33180, (305) 933-1441, FI Bar #186813

Law Offices of Alan R. Hecht, 2670 N. E. 215th Street/ Miami, FL 33180/ Tel. (305) 933-1441/ Fax (305) 935-2041

ARTICLE 4 PURPOSE AND POWERS

Subject to the laws of the State of Florida regarding Limited Liability Companies, the **COMPANY** may engage in any and all activities and business permitted under the laws of the United States and of the State of Florida. The **COMPANY** shall have all of the powers vested in a Limited Liability **COMPANY** organized under and existing by virtue of the laws of the State of Florida.

ARTICLE 5 MANAGEMENT BY MANAGER(S)

The **COMPANY** will be managed by a management committee, consisting of one (1) or more Managers. The Manager(s) will be elected annually by the Members.

ARTICLE 6 IDENTIFICATION OF MANAGER

The name and street address of the initial four (4) Managers of the **COMPANY** who shall hold office for the first year of the **COMPANY'S** existence or until such person's successor is elected and has qualified is:

Name

Address

TAMARA A. VANCE

4772 N. W. 114 Avenue, Suite
Miami, Florida 33138

JASON M. VANCE

4772 N. W. 114 Avenue, Suite
Miami, Florida 33138

OLIVER JAHR

1521 Alton Road, Suite 432
Miami Beach, Florida 33139

JOSEPH KRAUS

1825 Ponce De Leon Boulevard, Suite 365
Coral Gables, Florida 33134-4418

APPROVED
AND
FILED
02 FEB 20 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE 8

RELATIONSHIP OF ARTICLES OF ORGANIZATION TO OPERATING AGREEMENT

If a provision of these Articles of Organization differs from a provision of the **COMPANY'S** Operating Agreement, then, to the extent allowed by law, the Operating Agreement will govern.

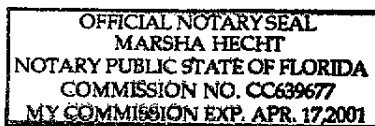
EXECUTED at Aventura, Miami-Dade County, Florida, this 15 day of February, 2002.


JOSEPH KRAUS, an authorized person

**STATE OF FLORIDA
COUNTY OF MIAMI-DADE**

The foregoing instrument was acknowledged before me this 15 day of February, 2002, by **JOSEPH KRAUS**, who is ☒ personally known to me as the person described in and who executed the foregoing or ☐ who has produced _____ as identification, and who did ☒, did not ☐, take an oath.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Miami, Florida, the day and year first written above.




MARSHA HECHT

(Printed Name of Notary)

Serial Number of Notary
Notary Public, State of Florida
My Commission Expires:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 FEB 20 AM 11:31

APPROVED
AND
FILED

CERTIFICATE DESIGNATING REGISTERED AGENT AND REGISTERED OFFICE

In accordance with § 48.091 and §608.415, Florida Statutes, the following designation and acceptance is submitted in compliance thereof.

DESIGNATION

TurningPoint Ventures, LLC, desiring to organize as a Limited Liability Company under the laws of the State of Florida, hereby designates **JOSEPH KRAUS** as it's Registered Agent and 2670 N.E. 215 Street, Miami, Florida 33180 as its Registered Office.

ACCEPTANCE

Having been named as Registered Agent for the above named **COMPANY**, I hereby agree to act in such capacity for such **COMPANY** at its registered office.



JOSEPH KRAUS
(REGISTERED AGENT)

02 FEB 20 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED