

# LD20000 27289

TROIANO & ROBERTS, P.A.

ATTORNEYS AT LAW

CLYDE L. ROBERTS (1927-1971)

317 SOUTH TENNESSEE AVENUE

LAKELAND, FLORIDA 33801-4617

D. A. TROIANO

VICTOR J. TROIANO

NICHOLAS J. TROIANO

REPLY TO:

P. O. DRAWER 829

LAKELAND, FLORIDA 33802-0829

TELEPHONE (863) 686-7136

FAX (863) 686-9157

800008371718--3

-10/15/02--01029--001

\*\*\*155.00 \*\*\*155.00

October 11, 2002

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: *TURTLE COVE MARINA, LLC (proposed name)*

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization for Florida Limited Liability Company for the above named entity. I have also enclosed a check in the amount of \$155.00 to cover filing fees, resident agent fee and certified copy fee.

Please return a certified copy of the Articles of Organization to me as soon as possible. If you have any questions, please do not hesitate to contact me.

Sincerely,



D. A. Troiano

/p  
Enclosures

cc: Turtle Cove Marina, LLC

10/16  
just

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:  
TURTLE COVE MARINA, LLC

## ARTICLE II - Address:


The mailing address and street address of the principal office of the Limited Liability Company is:  
1561 Royal Forest Loop, Lakeland, Florida 33811

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:


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

Edward H. Spaeth  
\_\_\_\_\_  
Name  
1561 Royal Forest Loop  
\_\_\_\_\_  
Florida street address (P.O. Box NOT acceptable)  
Lakeland FL 33811  
\_\_\_\_\_  
City, State, and Zip

*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 608, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Edward H. Spaeth   
\_\_\_\_\_  
Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)