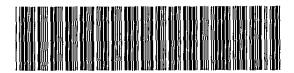
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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	÷#)
PłCK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	lv.



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Will Pick Up

Walk-In _

Russ Turner LLC	THE TOWN STATE OF STA
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
. ^	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval

Courier_

ι	TRANSM	AITTAL LETT	rer		3
TO: Registration S Division of Co			-	A COL	
SUBJECT:	Russ (Name of Li	URNER mited Liability Comp	LLC		
The enclosed Articles	of Organization and fee(s)	are submitted for filin	ıg.		ART S
•	Please return all correspo	ondence concerning th	nis matter to the	following:	
	Russ Plo R.	TURNER WENZEL	CPA		
		(Firm/Company)			
	2801	FRUITVIL	LE RD	*135	
	SARI	(Address)	FL	34237	
	((City/State and Zip Cod	le)		
	concerning this matter, ple	ease call:			
R. WENZ	EL CPA	941	953	. 7 7 7 7	

STREET ADDRESS:

(Name of Person)

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I - Name: The name of the Limited Liability Company is: Russ Turner	LLC LLC
ARTICLE II - Address: The mailing address and street address of the prin	
Principal Office Address: 1765 FIESTA DRIVE	Mailing Address:
SARASOTA FL	SARASOTA FL

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

The name and address of each Ma	anager or Managing Member is as follows:	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	RUSS TURNER	
	1765 FIESTA DRIVE	
	SARASOTA PL 34231	<u> </u>
		-
		<u> </u>
		_
		
		
		_
		· .
(Use attachment if necessary)		
,		
NOTE: An additional article m	ust be added if an effective date is requested.	
	and the manual and extensive dated to residential	
REQUIRED SIGNATURE:		
/ K	1	
Signature of a member	or an authorized representative of a member.	, ' =
(In accordance with sect of this document constituent that the facts stated here	ion 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury in are true.)	
Kuss	TURNER	* . · · · · · · · · · · · · · · · · · ·
Type	ed or printed name of signee	

ARTICLE IV- Manager(s) or Managing Member(s):

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)