

L05000054632

(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:

Handwritten signature/initials

Office Use Only



100055502631

05/03/05--01001--0000 **18.75

05/03/05--01001--0000 **75.25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUN -2 AM 7:39

FILED

FILED
05 JUN -2 AM 7:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

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

Turgon, LLC

FILED 39
05 JUN -2 AM 7:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
05 JUN -2 AM 7:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ 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 _____
☐ Fictitious Owner Search _____
☐ Vehicle Search _____
☐ Driving Record _____
☐ UCC 1 or 3 File _____
☐ UCC 11 Search _____
☐ UCC 11 Retrieval _____

Signature

Requested by

Name

Date

Time

Will Pick Up

Will Pick Up

**ARTICLES OF ORGANIZATION
OF
TURGON, LLC**

ARTICLE I

NAME

The name of the Limited Liability Company is TURGON, LLC.

ARTICLE II

ADDRESS

The mailing address of the Limited Liability Company's principal office is 2555 2nd Avenue N, St. Petersburg, FL 33713.

The street address of the Limited Liability Company's principal office is 2555 2nd Avenue N, St. Petersburg, FL 33713.

ARTICLE III

DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV

MANAGEMENT

The Limited Liability Company is to be managed by the member(s) who are designated, appointed, or elected to act as the managing member(s) in accordance with the Operating Agreement of the Limited Liability Company.

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


Authorized Representative

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

UNDER THE PROVISIONS OF F.S. 608.415, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the limited liability company is TURGON, LLC.

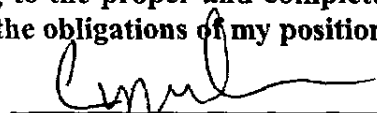
FILED
05 JUN -2 AM 7:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

**Lynne Walder, Esquire
777 South Harbour Island Blvd.
Suite 128
Tampa, FL 33602**

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.

TURGON, LLC

 **LYNNE WALDER**
(name of registered agent, typed or printed)
Registered Agent

By:  _____