

# L05000104598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1

Certificates of Status 1

Special Instructions to Filing Officer:

Name  
Availability

Document

Examiner DCC

Updater DCC

Printer  
Verifier DCC

Acknowledgment DCC

W. P. Verger DCC

Office Use Only



100060748421

10/25/05--001047--025 \*0.00

05 OCT 25 PM 12:00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Poetic Treasures 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:

Lynn B. Turner

(Name of Person)

Poetic Treasures LLC

(Firm/Company)

P.O. Box 15584

(Address)

Tallahassee, FL 32317-5584

(City/State and Zip Code)

For further information concerning this matter, please call:

Lynn B. Turner

(Name of Person)

at ( 850 ) 894-3680

(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

05 OCT 25 PM 12:00  
FILED  
TALLAHASSEE, FL

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Poetic Treasures LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

935 Poser Court

Tallahassee, FL 32317

#### Mailing Address:

P.O. Box 15584

Tallahassee, FL 32317-5584

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Lynn B. Turner

Name

935 Poser Court

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee, FL 32317

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
05 OCT 25 PM 12:00  
TALLAHASSEE, FLORIDA

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Harriett W. Bowens

2499 Harvel Drive N.W.

Atlanta, GA 30318

MGRM

Lynn B. Turner

935 Poser Court

Tallahassee, FL 32317

Member

Eugene H. Bowens, Sr.

2499 Harvel Drive N.W.

Atlanta, GA 30318

Member

Jeffrey M. Turner

935 Poser Court


Tallahassee, FL 32317 (see attachment for additional members)

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: 11/5/2005 . (OPTIONAL)**

**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**REQUIRED SIGNATURE:**

  
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.)

Lynn B. Turner

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

FILED  
OCT 25 PM 12:00  
TALLAHASSEE, FLORIDA

**Attachment to Articles of Organization  
Poetic Treasures LLC  
10/25/05**

Continuation of List of Members

**Title:**

**Name and Address:**

Member

Eugene H. Bowens, Jr.  
15204 Joppa Place  
Bowie, MD 20721

Member

Victoria W. Bowens  
15204 Joppa Place  
Bowie, MD 20721

Member

Kamia B. Bowens  
4488 Mill Grove Terrace  
Douglasville, GA 30135

Member

Eric L. Bell  
4488 Mill Grove Terrace  
Douglasville, GA 30135

FILED  
05 OCT 25 PM 12:00  
TALLAHASSEE, FLORIDA