

L09000056645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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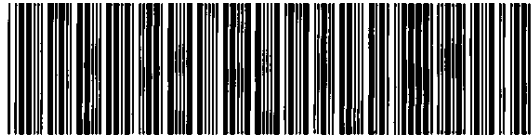
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/22/09--01039--016 **130.00

Effective Date 06/01/09

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 22 AM 11:14

T. HAMPTON
MAY 26 2009
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CRAIG TURLEY ORCHESTRAS, 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:

CRAIG TURLEY

Name of Person

Firm/Company

8445 FIREFOX COVE

Address

ORLANDO, FL 32835

City/State and Zip Code

CTURLEY@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIK J WEHNER EA

Name of Person

at (**904**) **276-7686**

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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I – Name

Effective Date 06/01/09

The name of the Limited Liability Company is

CRAIG TURLEY ORCHESTRAS, LLC

(must end with the words “Limited Liability Company”, LLC or L.L.C.)

ARTICLE II – Address:

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

Principal Office Address:

Mailing Address:

8445 FIREFOX COVE

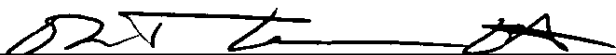
ORLANDO, FL 32835

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:

**WEHNER FINANCIAL SERVICES, LLC
515 COLLEGE DR.
MIDDLEBURG, FL. 32068
Erik@wehnerfinancial.com**

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 provision 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.


Erik J. Wehner, EA for Wehner Financial Services, LLC

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

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

Title:

“MGRM” = Managing Member

Name and Address

CRAIG TURLEY
8445 FIREFOX COVE
ORLANDO, FL. 32835

ARTICLE V: Effective date, if other than the date of filing

(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.)

EFFECTIVE DATE 06/01/2009

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.

Typed name of signee

CRAIG TURLEY - MGRM

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