L110000048686

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
, PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Nar	me)
	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000203660760

04/22/11--01034--012 **160.00

EFFECTIVE DATE 5-1-1)

TAPR 22 PH 2: 25
SLOKE WAYS OF STATE
AND AND A

B. BOSTICK

APR 2 5 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Turtle's Dream, LLC			
	Name of Limited Liability Company			
The er	aclosed Articles of Organization and fee(s) are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	Barrry Stephen Kane, Esquire			
	Name of Person			
	Law Office of Barry Stephen Kane, PC			
	Firm/Company			
	762 Tremont Street	IA _{co}		
	Address	LL A		
	Boston, MA 02118	HASS	APR 22	75.00
	City/State and Zip Code	in-	פר	7****
	barrystephenkane@comcast.net	700	PH P	
	E-mail address: (to be used for future annual report notification)	TATE ORID	ر ة 5	
For fu	ther information concerning this matter, please call:	A	2	
Barr	y Stephen Kane at (617) 755-6099			
	Name of Person Area Code & Daytime Telephone Number	r		
Enclo	sed is a check for the following amount:			
\$125.00	O Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$\text{\$155.00 Filing Fee & Certificate of Status}\$\text{\$Certified Copy & Certificate of Status}\$\text{\$(additional copy is enclosed)}\$\$Certified of Certified of	e of Stat Copy	tus &	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Turtle's Dream, LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9871 Citadel Lane S-107	Law Office of Barry Stephen Kane, PC 762 Tremont Street
Bonita Springs, FL 34135	Boston, MA 02118
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration. Joanna C. Kane Name	ered Agent. You must designate an individual or another
9871 Citadel Lane	e, S-107
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Bonita Springs	FL 34135
City, Sta	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity	accept service of process for the above stated limited his certificate, I hereby accept the appointment as b. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

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

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

Title:	Name and Address:			
"MGR" = Manager "MGRM" = Managing Member				
MGR	Joanna C. Kane			
	762 Tremont Street			
	Boston, MA 02118		-	
MGR	Barry Stephen Kane			
	762 Tremont Street		•	
	Boston, MA 02118		•	
		ALL		
		70	APR	Target Park
		<u> </u>	. 20 N	\$ \$ ***********************************
		Ë	N	P)Camingcar M
		11 cs	<u> </u>	
			Ÿ	
		<u> </u>	. ⊘	
(Use attachment if necessary)		A	0 1	
ICLE V: Effective date, if other than	the date of filing: May 1, 2011	(OPTIO	NAI	١
	t be specific and cannot be more than			,
90 days after the date of filing.)				F
, , , , , , , , , , , , , , , , , , ,				
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Joanna C. Kane

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)