

L110000048686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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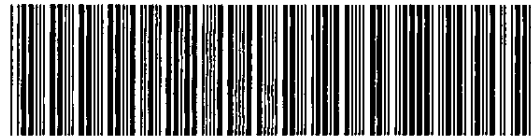
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
11 APR 22 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

APR 25 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Turtle's Dream, 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:

Barry Stephen Kane, Esquire

Name of Person

Law Office of Barry Stephen Kane, PC

Firm/Company

762 Tremont Street

Address

Boston, MA 02118

City/State and Zip Code

barrystephenkane@comcast.net

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

For further information concerning this matter, please call:

Barry Stephen Kane

Name of Person

at ( 617 ) 755-6099

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

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TALLAHASSEE, FLORIDA

# 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 Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

### Principal Office Address:

9871 Citadel Lane  
S-107  
Bonita Springs, FL 34135

### Mailing Address:

Law Office of Barry Stephen Kane, PC  
762 Tremont Street  
Boston, MA 02118

## 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:

Joanna C. Kane

Name

9871 Citadel Lane, S-107

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

Bonita Springs FL 34135

City, State, and Zip

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*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.*

Joanna C. Kane

Registered Agent's Signature (REQUIRED)

(CONTINUED)

