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EXAMINER

COVER LETTER

TO:	Registration of	on Section f Corporations					
SUBJI	ECT: Turi	tle Creek Cabin Re	etreat LLC	;			
		Name of Limi	ited Liability Co	mpany		 _	
The en	closed Article	es of Organization and fee(s) are	submitted for f	iling.			
Please	return all con	respondence concerning this ma	tter to the follow	/ing:			
	Marla S	S. Adams					
	wana c	<u> </u>	Name of Person				
	Turtle (Creek Cabin Retre	at LLC				
			Firm/Company				
	7519 Y	ardley Way					
			Address				
-	Tampa, I	FL 33647				No -	
	msadams	ci s@att.net	ity/State and Zip C	ode		TIL ALL	
-	moddame	E-mail address: (to be used	for future annual	report notification)	- S/2	— _{(7,200} 00) — _{(7,200} 00) S
For fur	ther informati	ion concerning this matter, pleas	se call:				51,822.
Marla	s S. Adan	ns	at (813	335-144	9	WELL STATE)
	Na	me of Person		ode & Daytime To	elephone Number	Dr. U	l
Enclos	ed is a checl	k for the following amount:					
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified (iling Fee & Copy copy is enclosed)	Certified C	of Status &	ı
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisi Clifto 2661	/Courier Addre ration Section on of Corporation Building Executive Cente lassee, FL 32301	ons r Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I -	Name:
	ne Limited Liability Company is:
Turtle Cr	eek Cabin Retreat 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:

r meipai Onice Address:	Maning Address:
7519 Yardley Way	7519 Yardley Way
Tampa, FL 33647	Tampa, FL 33647

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:

r iorida su o	or address of the registered agent are.	$\Sigma_{c'}$		
Marla S.	Adams		=======================================	
	Name	AH		15.M.
7519 Y	ardley Way	ASSE.	27	1 (38 ME)
	Florida street address (P.O. Box NOT acceptable)	ja j	\exists	, ,
Tampa	_{FL} 33647	81 18	==	, p wes 1
	City, State, and Zip	ATE RID/	25	

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

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

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

"MGRM" = Managing Member		
MGR	Marla S. Adams	
	7519 Yardley Way	
	Tampa, FL 33647	
MGRM	Thomas L. Adams	
	7519 Yardley Way	
	Tampa, FL 33647	
		- P: N
		A
(Use attachment if necessary)		
LEV. Effective date if other tha	n the date of filing:	(OPTIONA)
	ust be specific and cannot be more th	

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.)

Marla S. Adams

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)