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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name	·)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	

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J. BRYAN
FEB 1 6 2012
EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Timber Island BOAT Club 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:
Richard C. Turner Name of Person
Timber Island Boat Club LIC For = 5
Cunubul , 4. 32322
Charlote & forgo Henesastrealestak. com / rturner@rose.
For further information concerning this matter, please call: Richard C. Torner (229) 977-0000
Charlotte Schneiden at (850) 370-4223 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY	Y
ARTICLE 1 - Name: The name of the Limited Liability Company is:	AHASSI 16	
_ Timber Island Bo	at Club LIC 70	
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")	? ?
ARTICLE II - Address:	OPS	
The mailing address and street address of the pri	incipal office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
#260 timber Island Rd.	PO BOX 613	

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:

Charlatte & Schneeden

Name

#240 Imbu Obland Rel.

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

Anabule

FL 32322

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)

ARTICLE IV- Manager(s) or I The name and address of each M	Managing Member(s): In the state of the sta
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Richard C. Turne - 1118 Robin Dr. Thomseville, GA. 31792
MGRM	Charlotte R Schneider PO BOX 613 CATTORULE, F1. 32322
*4.599 to	
(Use attachment if necessary)	
	ust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Charlotte	Dember or an authorized peresentative of a member.
(In accordance with section constitutes an affirmation I am aware that any false	on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)

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)