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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Effective Date 3/20/13

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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

The Tortoise Island Garden Club

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:

# Bader's Financial Center Name of Person Omer Bader, President Firm/Company 359 Lanternback Island Drive Address Satellite Beach, Fl. 32937 City/State and Zip Code baderfinc@aol.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Omer Bader	305	310-1018
Name of Person	Area Code	& Daytime Telephone Number

Enclosed is a check for the following amount:

■\$125.00 Filing Fee U\$130.00 Filing Fee & U\$155.00 Filing Fee & Certificate of Status 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



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

13 FEB 19 AM 6: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

February 7, 2013

BADER'S FINANCIAL CENTER OMER BADER, PRESIDENT 359 LANTERNBACK ISLAND DR SATELLITE BEACH, FL 32937

SUBJECT: THE TORTOISE ISLAND GARDEN CLUB LLC

Ref. Number: W13000007582

We have received your document for THE TORTOISE ISLAND GARDEN CLUB LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 7, 2013. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 913A00003054

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: Effective Date 3/20//	3
The name of the Limited Liability Company is:	
The Tortoise Island Garden Club LLC.	<u> </u>
(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 Liab	ility Company is:
Principal Office Address: Mailing Address:	
Bader's Financial Center	
359 Lantemback Island Drive	
Satellite Beach, Fl. 32937	<del></del>
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  Omer Bader	n or anomer
Name	
359 Lantemback Island Drive	
Florida street address (P.O. Box NOT acceptable)	
Satellite Beach, 32937 FI	
City, State, and Zip	
Having been named as registered agent and to accept service of process for the all liability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with all statutes relating to the proper and complete performance of my duties, and I and accept the obligations of my position as registered agent as provided for in Complete performance.	appointment as the provisions of am familiar with
Registered Agent's Signature (REQUIRED)	SECUL DIVISION 13 FEB
(CONTINUED)	I OF C
Page 1 of 2	PH 3:

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

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

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Bader's Financial Center, Omer Bader, Pres.
	359 Lantemback Island Drive
	Satellite Beach, Fl. 32937
MGRM	Margaret Bader
	359 lanternback Island Drive
	Satellite Beach, Fl. 32937
*****	
(Use attachment if necessary)  CLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.)	date of filing: (OPTIONAL to be specific and cannot be more than five business
REQUIRED SIGNATURE:	$\Omega = \mathbb{Z}$
REQUIRED SIGNATURE:	D. Bodu
REQUIRED SIGNATURE:  Signature of a member (In accordance with section 608 constitutes an affirmation under I am aware that any false inform	3.408(3), Florida Statutes, the execution of this document in the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE:  Signature of a member (In accordance with section 608 constitutes an affirmation under I am aware that any false inform	3.408(3), Florida Statutes, the execution of this document rethe penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State

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)