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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUN 18 PM 4:38

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T. Burch JUN 23 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHOCOLATE TURTLE HOLDINGS, 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:

LAURA HIGHSMITH

Name of Person

THE CHOCOLATE TURTLE

Firm/Company

47 CORDOVA ST

Address

ST AUGUSTINE, FL 32084

City/State and Zip Code

chocturtlesa@gmail.com

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

For further information concerning this matter, please call:

Laura Highsmith	904	770-2344
Name of Person	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)
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Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHOCOLATE TURTLE HOLDINGS, 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:

47 Cordova St
St Augustine, FL 32084

Mailing Address:

47 Cordova St
St Augustine, FL 32084

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:

LAURA HIGHSMITH

Name

47 CORDOVA ST

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

ST AUGUSTINE FL 32084

City

State

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

MARK JANASIK

12319 Stockbridge Court S

Jacksonville, FL 32258

MGR

SHIJU ZACHARIA

12319 Stockbridge Court S

Jacksonville, FL 32258

MGR

LAURA HIGHSMITH

1022 Prince Rd

St Augustine, FL 32086

MGR

LISA DALLAIRE

2245 County Rd 13 South

Elkton, FL 32033

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: APRIL 13, 2015 (OPTIONAL)

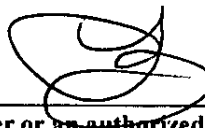
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

Refer to said Shareholder Agreement for all agreements between RHIG & TCT.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

LAURA HIGHSMITH

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)