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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FELDMAN & ASSOCIATES

Account Number : I20130000018

Phone : (786)288-5699

Fax Number : (866)856-1462

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: paul@feldmanclosings.com

## FLORIDA LIMITED LIABILITY CO.

Turnberry 2003, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$125.00

JUL 2 9 2015

S. GILBERT

Help

The name of the Limited Li	atomy Company is:			
TURNBERRY				
(Musi	tend with the words "Limite	d Liability Company	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and str	reet address of the principal c	office of the Limited	Liability Company is:	
<u>Pr</u>	incipal Office Address;		Mailing Address:	
Pasaje E #27 v	Edmundo Carvajal	Pasa	e E #27 y Edmundo Carvajal	
El Bosque, Qui			sque, Quito, Ecuador	. J
		Registered Agent,	t's Signature: 'ou must designate an individual or	28
another business entity wit	pany cannot serve as its own h an active Florida registration treet address of the registered PAUL FELDMAN.	a Registered Agent. \ on.) d agent are; P.A.		8 M 7: 59
another business entity wit	h un active Florida registration treet address of the registered	a Registered Agent. \ on.) d agent are:		
another business entity wit	h un active Florida registration treet address of the registered PAUL FELDMAN.	a Registered Agent. Yon,) d agent are; P.A. Name		
another business entity wit	h un active Florida registration treet address of the registered	a Registered Agent. Yon.) d agent are: P.A. Name  REET, SUITE 203	'ou must designate an individual or	
another business entity wit	h un active Florida registration treet address of the registered PAUL FELDMAN.  2750 NE 185TH ST	a Registered Agent. Yon.) d agent are: P.A. Name  REET, SUITE 203	'ou must designate an individual or	
another business entity wit	th an active Florida registration treet address of the registered PAUL FELDMAN.  2750 NE 185TH ST: Florida street address	Registered Agent. Yon.) d agent are: P.A. Name  REET. SUITE 203 as (P.O. Box NOT ac	ou must designate an individual or	

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	JENNY DIAZ
	Pasaje E #27 y Edmundo Carvajal
	El Bosque, Quito, Ecuador
	the state of the s
	,
(Use attachment if necessary)	
offective date is listed, the date must be s	te of filing:, (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other than the date effective date is listed, the date must be a te of filling.)  If the date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be li
CLE V: Effective date, if other than the date effective date is listed, the date must be set of filling.)  If the date inserted in this block does not be be partment of the date of the Department.	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be li
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