

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H15000197181 3)))



H150001971813ABC0

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

RECEIVED

15 AUG 14 PM 3:40

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
Turtle Beach Marina II, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

FILED  
15 AUG 14 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TURTLE BEACH MARINA II, 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:

**JOHN ERVIN**

**Name of Person**

**SHUTTS & BOWEN, LLP.**

**Firm/Company**

**46 NORTH WASHINGTON BLVD., SUITE 1**

**Address**

**SARASOTA, FL 34236**

**City/State and Zip Code**

**JERVIN@SHUTTS.COM**

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

For further information concerning this matter, please call:

**JOHN ERVIN**

**941**

**552-3773**

**at ( )**

**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)**

**Mailing Address**

**New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**Street Address**

**New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 AUG 14 AM 10:07

FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TURTLE BEACH MARINA II, 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:

Mailing Address:

TWO MARINA PLAZA  
SARASOTA, FL 34236

TWO MARINA PLAZA  
SARASOTA, FL 34236

**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:

LPS CORPORATE SERVICES, INC.

Name

46 NORTH WASHINGTON BLVD., SUITE 1

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

SARASOTA FL 34236

City

State

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 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

AMBR

**Name and Address:**

SRS VENTURES, LLC.

TWO MARINA PLAZA

SARASOTA, FL 34236

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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.

**REQUIRED SIGNATURE:**

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

JOHN ERVIN

Typed or printed name of signer

**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)

FILED  
15 AUG 14 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA