

L15000193327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

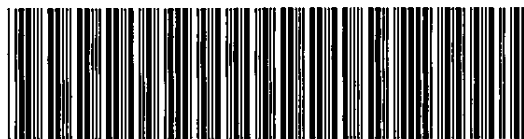
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 NOV -6 PM 4:43

EFFECTIVE DATE
NOV 1, 2015

NOV 18 2015
T CANNON

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

SUBJECT: Turtle Towel Associates LLC

The enclosed Articles of Organization and Fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert M. Cimino, E.A.
Robert M. Cimino, Inc.
845 8th Street
Vero Beach, FL 32962

robert@robertciminoinc.comcastbiz.net

For further information concerning this matter, please call:

Robert M. Cimino at 772-562-1659

Enclosed is a check for the following amount:

A check for \$130.00 Filing Fee & Certificate of Status is enclosed.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is Turtle Towel Associates LLC.

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

936 19th Place SW
Vero Beach, FL 32962

Mailing Address:

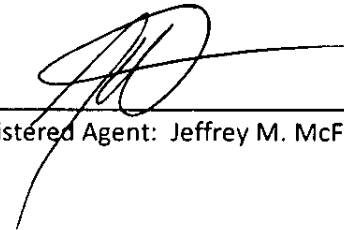
936 19th Place SW
Vero Beach, FL 32962

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:

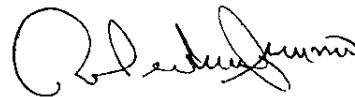
The name and the Florida street address of the registered agent are:

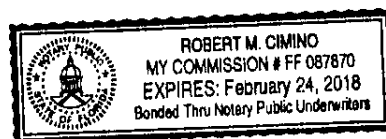
Jeffrey M. McFarlane
936 19th Place SW
Vero Beach, FL 32962

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 complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as proved for in Chapter 605.F.A.

X 

Registered Agent: Jeffrey M. McFarlane





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ARTICLE IV:

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

AMBR Jeffrey M. McFarlane
 936 19th Place SW
 Vero Beach, FL 32962

MBR Julie M. McFarlane
 936 19th Place SW
 Vero Beach, FL 32962

ARTICLE V: Effective Date, if other than the date of filing, November 1, 2015

ARTICLE VI: Other provisions, if any:

None

REQUIRED SIGNATURE:

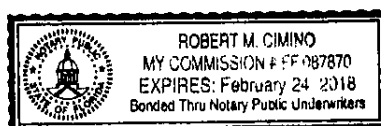
X 

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 here in 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.

Jeffrey M. McFarlane, Julie M. McFarlane
Typed or Printed Name of Signer





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