

L16000035763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

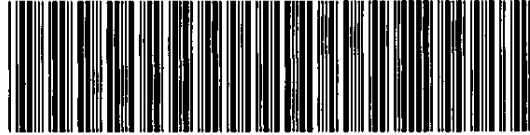
(Business Entity Name)

(Document Number)

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16 FEB -8 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

1/11

LANDIS GRAHAM FRENCH

ATTORNEYS AT LAW

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A PROFESSIONAL ASSOCIATION

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February 5, 2016

Division of Corporations
New Filing Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

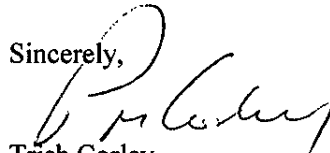
RE: Application for a Florida Limited Liability Company
Steve Thompson - Turkey Cross LLC

Dear Sir/Madam:

Enclosed please find a cover letter and Application for Registration of a Florida Limited Liability Company submitted for filing with our firms check # 205822 in the amount of \$160.00, for the filing fee of Articles of Organization and Designation of Registered Agent, Certified Copy, and a Certificate of Status. Please return the acknowledgment letter to Steve Thompson at the address listed in section one (1) of the application.

Thank you for your prompt attention to this matter, please do not hesitate to contact me at (386) 734-3451 should you need further information.

Sincerely,



Trish Corley
Legal Assistant to Rachel McCullough

RDM/pc

Enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Turkey Cross, 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:

Steve Thompson

Name of Person

Turkey Cross, LLC

Firm/Company

4880 State Road 11

Address

DeLeon Springs, Florida 32130

City/State and Zip Code

TSteve201@gmail.com

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

For further information concerning this matter, please call:

Steve Thompson

305

495-3829

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED
AND
FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 FEB -8 PM 3:58

Turkey Cross, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4880 State Road 11

DeLeon Springs, Florida 32130

4880 State Road 11

DeLeon Springs, Florida 32130

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:

Steve Thompson

Name

4880 State Road 11

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

DeLeon Springs

Florida

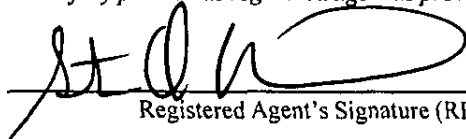
32130

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)

APPROVED
AND
FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company: **PH 3: 53**

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Steve Thompson

4880 State Road 11

DeLeon Springs, Florida 32130

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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.

Steve Thompson

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)