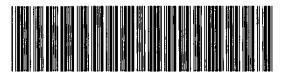
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SECRETARY OF STATE

F MG SC RVI U

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 14/er Turner LLC Name of Limited Liability Company	
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:	
TYLER TURNER	
Name of Person	
Firm/Company	
2740 68 ST Sw Address	
Address	
NAPLES, FL 34105 City/State and Zip Code	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
TYLER JURNER at (239) 777-8289 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount: \$\frac{\pmu}{\pmu} 690\$	
\$125.00 Filing Fee \$130.00 Filing Fee \$ \$155.00 Filing Fee \$ \$160.00 Filing Certificate of Status Certified Copy (additional copy is enclosed)	tatus &
Mailing Address Street Address	

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

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



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 16 JAN 25 PM 2: 05

ARTICLE I - Name:	
The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAHASSEE FLORIDA
14LER TURNER	UC
(Must end with the words "Limited I	ciability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2740 6851 SW	2740 68 ST EW NAPLES FL 34108
NAPLES, FL 34105	NAPLES, FL 34/08
another business entity with an active Florida registration.) The name and the Florida street address of the registered a GANCY M. TURE Name	gent are:
2740 6B ST	EN
Florida street address (P.O. Box 1	NOT acceptable)
NAPLES	FL 34/05 Zip
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S

(CONTINUED)
Page 1 of 2

"AMBR" = Authorized Member	JAN 25 PM 2: 06 CRETARY OF STATE LAHASSEE FLORIDA
Title: "AMBR" = Authorized Member "MGR" = Manager TYLER TIRNER 2740 68 ST SW	JAN 25 PM 2: 06 CRETARY OF STATE LAHASSEE FLORIDA
TYLER TURNER 2740 68 ST SW	EMILMOSEE - FLOBIDA
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(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of filing:	(OPTIONAL) ss days prior to or 90 days after
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirement the document's effective date on the Department of State's records.	ents, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a member or an authorized representative of a This document is executed in accordance with section 605.0203 (1) I am aware that any false information submitted in a document to the constitutes a third degree felony as provided for in s.817.155, F.S.	(b), Florida Statutes.

Filing Fees:

TYLEK TURNER
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)