

# L11000175286

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800302158778

08/15/17--01004--019 \*\*160.00

17 AUG 15 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: TRAVARES 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:

Evan C. Leach, Esq.

Name of Person

LEACH LAW LLC

Firm/Company

PO Box 1071

Address

Marstons Mills, MA 02648

City/State and Zip Code

evanleachesq@gmail.com

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

For further information concerning this matter, please call:

Evan C. Leach, Esq.

508

375-7929

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

## ARTICLE I - Name:

The name of the Limited Liability Company is:

TRAVARES LLC

(Must contain 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:

2845 NE 9th St

Unit 801

Fort Lauderdale, FL 33304

### Mailing Address:

2845 NE 9th St

Unit 801

Fort Lauderdale, FL 33304

## 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:

THEODORE R. TURNER JR.

Name

2845 NE 9th St, Unit 801

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

Fort Lauderdale

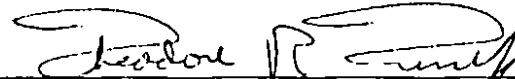
FL 33304

City

Zip

FILED  
17 AUG 15 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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

MGR

**Name and Address:**

THEODORE R. TURNER JR.

2845 NE 9th St. Unit 801

Fort Lauderdale, FL 33304

MGR

KELLY M. LONERGAN

2845 NE 9th St. Unit 801

Fort Lauderdale, FL 33304

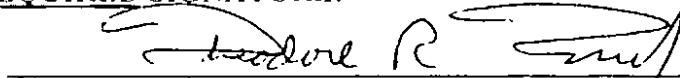
(Use attachment if necessary)

**ARTICLE V: Other provisions, if any.**

The business purpose for which the limited liability company is organized is for any and all lawful business including, but not limited to real estate investments.

17 AUG 15 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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.

THEODORE R. TURNER JR., SOLE MEMBER

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)