

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ALLEY, MAASS, ROGERS & LINDSAY, P.A.
Account Number : 072100000047
Phone : (561)659-1770
Fax Number : (561)833-2261

CHATHAM
SEP 13 2022

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

Email Address: jessica.shapiro@amrl.com

FLORIDA LIMITED LIABILITY CO.

Two Green Turtles, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2022 SEP 13 PM 4:57

22 SEP 13 PM 3:49

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Two Green Turtles, 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:

Jessica M. Shapiro, Esq.

Name of Person

Alley, Maass, Rogers & Lindsay, P.A.

Firm/Company

340 Royal Poinciana Way, Suite 321

Address

Palm Beach, FL 33480

City/State and Zip Code

jessica.shapiro@amrl.com

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

For further information concerning this matter, please call:

Jessica M. Shapiro at (561) 659-1770

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)
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Mailing Address

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

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Two Green Turtles, LLC

(Must contain the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:1880 E. Commercial Blvd.
Suite 1
Ft. Lauderdale, FL 33308Mailing Address:1880 E. Commercial Blvd.
Suite 1
Ft. Lauderdale, FL 33308

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:

Dr. Patricia Rooney

Name:

1880 E. Commercial Blvd., Suite 1
Florida street address (P.O. Box **NOT** acceptable)Fort Lauderdale, FL 33308

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.

Patricia Rooney
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:
 "AMBR" = Authorized Member
 "MGR" = Manager
Manager

Name and Address:

Dr. Patricia Rooney

1880 E. Commercial Blvd., Suite 1

Ft. Lauderdale, FL 33308

Manager

Jacqueline Rooney

1880 E. Commercial Blvd., Suite 1

Ft. Lauderdale, FL 33308

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

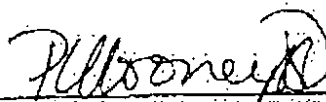
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

The limited liability company may acquire, own, manage and sell real property
and engage in any and all other lawful activities.

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.

Dr. Patricia Rooney

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)