

L23000273512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

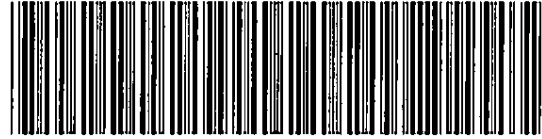
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Certified Copies \_\_\_\_\_

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2023 JUN 7 8:09 AM  
2023 JUN 7 PM 1:47

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: 120210000160 : \$130.00

Authorization Signature



Turquoise Bay Resort LLC.  
BUSINESS

DOC#

   Certified Copy of Articles  
  X   Certificate of Status

**NEW FILINGS**

   Profit Corp  
   Not for Profit  
   Officer/Director  
  X   Limited Liability  
   Domestication  
   Other  
   **CORP**  
   **LLLP**

**AMENDMENTS**

   Amendment  
   Resignation of R.A. or member  
   Dissolution  
   Change of Registered Agent  
   Revocation of Dissolution  
   Merger  
   **Conversion**  
   **Amended and restated Articles**  
   **Statement of Authority**

**OTHER FILINGS**

   **Trademark**  
   Annual Report  
   Fictitious Name  
   APOSTILLE             
                    Country

**REGISTRATION/QUALIFICATIONS**

   Foreign filing  
   Limited Partnership  
   Reinstatement  
           Other

EXAMINER'S INITIALS:

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EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Turquoise Bay Resort 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:

Robert Ryan Knight

Name of Person

Firm/Company

4637 Vincennes Boulevard, Unit #5

Address

Cape Coral, FL 33904

City/State and Zip Code

Rob@whitestonedevelopmentsllc.com

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

For further information concerning this matter, please call:

Robert Ryan Knight      239      850-8821  
Name of Person      at (      )      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:

Turquoise Bay Resort LLC

(Must end with 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:

4637 Vincennes Boulevard

Unit #5

Cape Coral, FL 33904

Mailing Address:

4637 Vincennes Boulevard

Unit #5

Cape Coral, FL 33904

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:

Robert Ryan Knight

Name

4637 Vincennes Boulevard, Unit #5

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

Cape Coral

Florida

33904

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)

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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

MGR

**Name and Address:**

Robert Ryan Knight

4637 Vincennes Boulevard, Unit #5

Cape Coral, FL 33904

(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.

Robert Ryan Knight

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)

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