M17000005858

(Requestor's Name)
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Nalle 1538
UNXIALE 50538

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600300338846

06/15/17--01003--025 **125.00



June 16, 2017

RENEE RAGAN 226 N NOVA RD, PMB #180 ORMOND BEACH, FL 32176

SUBJECT: TURNKEY FINANCIAL MANAGEMENT SERVICES, LLC

Ref. Number: W17000050538

We have received your document for TURNKEY FINANCIAL MANAGEMENT SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 417A00012288

ZOLJUL II TO E- 60
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

	tion Section of Corporation	s					
Turn SUBJECT:	nkey Financial M	fanagement Services, LLC					
		Name of I	Limited Liability C	ompany			
		eign Limited Liability Comp d to register the above refere					
Please return all c	orrespondence c	oncerning this matter to the	following:				
	Renee Regan						
		Na	ime of Person				
Firm/Company							
	226 North Nova Road PMB#180						
			Address				
Ormond Beach, FL 32176							
City/State and Zip Code							
г	regan@turnkeyf	ms.com					
E-mail address: (to be used for future annual report notification)							
For further inform	ation concerning	g this matter, please call:					
Renee R	egan		203 _ at (355-122			
	Name o	f Contact Person	Area Code	Day	time Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a chec	ck for the follow 00 Filing Fee	ing amount: \$\Bigsize \\$130.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Turnkey Financial Man				
(Name of Fore Turnkey FMS)	ign Limited Liability Company; must inc	clude "Limited Liability C	ompany," "L.L.C.," or '	LLC.")
	ternate name adopted for the purpose of	transacting business in Flo	orida. The alternate nam	e must include "Limited
2. Connecticut		3. 34-202-1803		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FE	number, if applicable)	
. , .	ng remotely from Florida in home			
	(Date first transacted business in (See sections 605.0904 & 605.0905)	Florida, if prior to registr 5, F.S. to determine penal	ation.) y liability)	•
5. c/o Renee Regan, 226	North Nova Road PMB#180			
Ormond Beach, FL 32	176			
	(Street Address of Princ	cipal Office)		
6. c/o Renee Regan, 226 N	North Nova Road PMB#180			
Ormond Beach, FL 32	176			
	(Mailing Addr	ress)		•
7. Name and street addres	s of Florida registered agent: (P.O. E	Box NOT acceptable)		
Name:	Edward Regan	<u>.</u>		
Office Address:	3544 John Anderson Drive			
	Ormond Beach	Flo	rida 32176	
Registered agent's accept	(City)		(Zip code)	-
designated in this applicate to complywith the provision	gistered agent and to accept service tion, I hereby accept the appointmen ons of all statutes relative to the proj my position as registered agent.	nt as registered agent a	nd agree to act in thi	s capacity. I further agree
	Registered	agent's signature)		•
8. The name, title or capa	city and address of the person(s) who	o has/have authority to	manage is/are:	
Renee Regan	angging nip	ni ber		
226 North Nova Road PM	B#180	•		
Ormond Beach, FL 32174	1			
	/ansi/le			
This document is executed submitted in a document to	in accordance with section 605.0203 the Department of State constitutes a Typed or printe	8 (1) (b), Florida Statute a third degree felony as Ed name of signee	s. I am aware that any provided for in s.817.	false information 155, F.S.

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that articles of organization for

TURNKEY FINANCIAL MANAGEMENT SERVICES, LLC

a domestic limited liability company, were filed in this office on October 25, 2004.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

Date Issued: April 12, 2017

Business ID: 0800135 Express Certificate Number: 2017121430001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov