(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:					





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COVER LETTER

TO:

Registration Section

Div	ision of Corporations						
SUBJECT:	Green Turtle, LLC						
SOBJECT	Name of Limited Liability Company						
			on to Transact Business in Florida." Certificate of d liability company to transact business in Florida.				
Please return	all correspondence concerning this matter to	o the following:					
	Perry Avery						
	Name of Person Beasley Group						
		Firm/Company					
	770 Uvalda Highway						
Address							
	Hazlehurst, Georgia 31539						
	C	ity/State and Zip Code					
	Pperry.avery@beasleygroup.com						
	E-mail address: (to be	cused for future annual re	eport notification)				
For further in	nformation concerning this matter, please ca	II:					
Per	ry Avery	478 at ()	595-5929				
	Name of Contact Person	Area Code	Daytime Telephone Number				
Mailing Address: Registration Section		Street Address: Registration Sec	tion				
	vision of Corporations		Division of Corporations				
	P.O. Box 6327 The Centre of Tallahassee						
Tal	llahassee, FL 32314	2415 N. Monroe Street. Suite 810					
		Tallahassee, FL	Tallahassee, FL 32303				
Enc	closed is a check for the following amount:						
Please make check payable to: FLORIDA DEPARTMENT OF STATE							
	\$125.00 Filing Fee X 5130.00 Filing Fe		= -				
	No cept. of		Copy of Status & Certified Copy				
	Status						

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

IN COMPLIANCE WITH SECTION 605 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Green Turtle Investmen	nts, LLC Limited Liability Company, must include "Limited	11 (·		
Green Turtle Investments		і Баршу С	impany, LLC, or LLC)			
(If name maxailable, enter alternate i	name adopted for the purpose of transacting business in Flo	orida. The alte	nate name must include "Limited Liability	Company," "L.L.C," or "LLC,")		
Georgia 2			5-3916970			
Durisdiction under the law of w	buch foreign limited hability company is organized)	-	(FE) number, if	applicable)		
June 1, 2023						
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, US to determine	registration) ne penalty hab	duy)	_		
770 Uvalda Highway 5. Street Address of Principal Office)		77 6.	770 Uvalda Highway 6. (Mailing Address)			
(Street Address of Principal Office)			(Mailing Address)			
Hazlehurst, GA 31539		Ha	zlehurst, GA 31539	202 SF		
				SECRET		
				200		
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acc	eptable)	A P T		
Name:	Eastburn Law Firm, PA			STATE STATE		
Office Address:	5365 E County Highway 30A, Ste 105					
	Santa Rosa Beach		32459 , Florida	_		
	(City)		(Zip code)			

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered spenic's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■ Manager	Name: Darrell Beasley	■Manager	Name: Sharleen Beasley
□Member	Address: 270 Uvalda Hwy	□Member	Address: 2770 Uvalda Hwy
□Authorized	Hazelhurst, GA 31539	□Authorized	Hazelhurst, GA 31539
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other

<u>Important Notice:</u> Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, 1 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.

Signature of an authorized person

Sasha (25/burn Esq

Typed or printed name of signee

Control Number: 20221360

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Green Turtle Investments, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 25597999 Date Inc/Auth/Filed: 11/10/2020 Jurisdiction : Georgia Print Date : 06/26/2023

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State