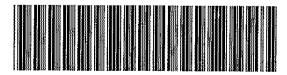
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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3/15/07

FILED 1:52 07 FEB 12 PM 1:52 SECILLASSEE FLORIDA

## **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT: TimeF	Plus Florida, LLC		
	(Name of Limited	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
Gary Tort			
		Name of Person)	
TimePlus	Florida, LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company)	
5713 Eag	gle Dr		
<del></del>		(Address)	
Fort Pier	ce, FL 34951		
	(City	/State and Zip Code)	.2 2
For further information	concerning this matter, please	call:	
Gary Tortora		at (954) 449-77 (Area Code & Daytime T	85
	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or 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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

## 3.15 07

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Co.	mpany is:
TimePlus Florida, LLC	pany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
(Must end with the words Limited Liability Com	pany, Limited Company of their aboreviation LLC, or E.C.,
ARTICLE II - Address:	s of the principal office of the Limited Liability Company is:
The manning accress and siever accres	3 of the principal office of the Binated Blacking Company in.
Principal Office Address:	Mailing Address:
10424 SW Rookery Way	5713 Eagle Dr
Palm City, FL 34990	Fort Pierce, FL 34951
(The Limited Liability Company cannot serve as i business entity with an active Florida registration.)  The name and the Florida street addre	ss of the registered agent are:
	Name FEB 12
5713 Eagle Dr	ASS 12
	da street address (P.O. Box NOT acceptable)
Fort Pierce, FL 3	34951 FL 근 그
	34951 FL City, State, and Zip
liability company at the place designed registered agent and agree to act in the statutes relating to the proper and co	ent and to accept service of process for the above stated limited enacted in this certificate, I hereby accept the appointment as his capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and on the provisions of all complete performance agent as provided for in Chapter 608, F.S
Registered Ag	ent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

#### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	 -
<b>.</b>		
MGRM	Gary Tortora	
	5713 Eagle Dr Fort Pierce, FL 34951	<del></del> ,
	FOIT Pierce, PL 34951	
X		
		<u> </u>
		· January Ave
		<del></del>
(Use attachment if necessary)  CLE V: Effective date, if other than the	e date of filing: March 15, 2007	PTIONAL)
effective date is listed, the date must b O days after the date of filing.)	e specific and cannot be more than five bus	iness days prior
REQUIRED SIGNATURE:		SE OT
	Elpr.	FI FI
Signature of a member	er or an authorized representative of a member.	FILED B 12 PM LHASSEE,
(In accordance with se of this document const that the facts stated)	ction 608,408(3), Florida Statutes, the execution litutes an affirmation under the penalties of perjury herein are true.)	N 1:52
Gary Tortora		DA -
Ty		

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)