

L03000019380

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(Address)

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(City/State/Zip/Phone #)

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003-14446 / L03-19380

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Vol 5/30

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CLERK OF STATE
DIVISION OF CORPORATIONS
03 MAY 30 AM 8:26

TIMMONS & ASSOCIATES INC.

May 13, 2003

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed articles of incorporation for Timmons LLC, and check number 3640 in the amount of \$130.00 submitted by David T. Norris.

If you have any questions or need assistance please contact me at the address below:

David T. Norris
2739 Taylor Avenue
Orlando, FL 32806
Phone 407-649-8200

Thank you for your attention to this matter.

Sincerely,



David T. Norris

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SECRETARY OF CORPORATIONS
03 MAY 30 AM 8:26

2739 Taylor Ave. Orlando, FL 32806
(407) 649-8200 Fax (407) 649-8801
Site Work/Underground Utilities/Eng. Consulting



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 20, 2003

DAVID T. NORRIS
2739 TAYLOR AVENUE
ORLANDO, FL 32806

SUBJECT: TIMMONS LLC
Ref. Number: W03000014446

We have received your document for TIMMONS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 203A00031408

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY 30 AM 8:26

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: TIMMONS LLC

ARTICLE II - Address:

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

2739 TAYLOR AVE. ORLANDO, FL 32806

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

DAVID T. NORRIS

Name

2739 TAYLOR AVE

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

ORLANDO FL 32806

City, State, and 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 608, F.S.

[Signature]

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

[Signature]

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DAVID T. NORRIS

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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