

L04000036003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

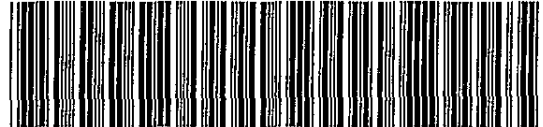
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500032267895

04/27/04--01021--005 \*\*125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY 11 PM 12:13  
L04000036003

5/10



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 4, 2004

TIMOTHY L. BEITER  
TIM'S RESIDENTIAL RE-PAIR, INC. LTD.  
20 N.E. 14 AVE SUITE #6  
POMPANO, FL 33060

SUBJECT: TIM'S RESIDENTIAL RE-PAIR, INC. LTD.  
Ref. Number: W04000017146

We have received your document for TIM'S RESIDENTIAL RE-PAIR, INC. LTD. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please note also that the name of an LLC cannot include the word "Inc."

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: 704A00030397

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY 11 PM 12:13

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TIM'S RESIDENTIAL RE-PAIR INC. LTD.  
(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:

Timothy L. Better  
(Name of Person)

TIM'S RESIDENTIAL RE-PAIR INC. LTD.  
(Firm/Company)

20 N.E. 14 AVE SUITE #6  
(Address)

POMPAHO, FL. 33060  
(City/State and Zip Code)

For further information concerning this matter, please call:

Timothy L. Better at ( 954 ) 562-9981  
(Name of Person) (Area Code & Daytime Telephone Number)

W04-17146  
04 MAY 11 PM 12:13  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TIM'S RESIDENTIAL REPAIR, LLC *AB*

**ARTICLE II - Address:**

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

Principal Office Address:

Mailing Address:

20 N.E. 14 AVE #6  
POMPANO, FL 33060

SAME

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

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

Timothy Lawrence Beiter Agent  
Name

20 N.E. 14 AVE #6  
Florida street address (P.O. Box **NOT** acceptable)

POMPANO, FL 33060  
City, State, and Zip

FILED  
MAY 11 PM 12:13  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*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, Florida Statutes..*

Timothy Lawrence Beiter Agent.  
Registered Agent's Signature

**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:**

Agent

Timothy LAWRENCE Beiter  
20 N.E. 14 Ave. #6  
Pompano, FL 33060

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Timothy Lawrence Beiter Agent  
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.)

Timothy LAWRENCE Beiter Agent  
Typed or printed name of signee

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
04 MAY 11 PM 12:13

**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)