

# L04000055678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

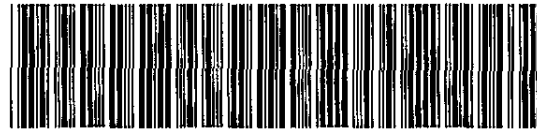
(Business Entity Name)

(Document Number)

Certified Copies 1

Certificates of Status       

Special Instructions to Filing Officer:



100038746731

07/28/04--01005--009 \*\*J55.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 JUL 28 AM 10:34  
04 JUL 28 PM 10:26  
DIVISION OF REGISTRATION

Office Use Only

W. P. Verityer

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tim's Trades LLC  
(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:

Timmy Joe Timmons  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

8012 Red Eagle Dr  
(Address)

Tallahassee FL 32312  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tim Timmons at ( 850 ) 294 3867  
(Name of Person) (Area Code & Daytime Telephone Number)

04 JUL 28 AM 10:34

FILED  
CORPORATE STATE  
TALLAHASSEE, FL

Enclosed is a check for 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)

**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 Trades LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

8012 Red Eagle Dr  
Tallahassee FL 32312

#### Mailing Address:

Same

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

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

Timmy Joe Timmons  
Name

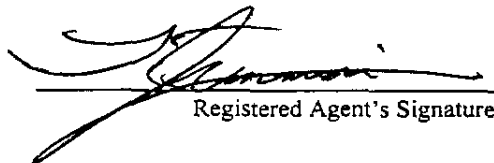
8012 Red Eagle Dr  
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32312  
City, State, and Zip

04 JUL 28 AM 10:34

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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..

  
Registered Agent's Signature

(CONTINUED)

**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:**

MGRM

Timmy Joe Timmons  
801~~2~~ Red Eagle Dr  
Tallahassee FL 32312

(Use attachment if necessary)

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

**REQUIRED 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.)

Timmy Joe Timmons  
\_\_\_\_\_  
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)

04 JUL 28 AM 10:34

SECRET  
TALLAHASSEE  
FLORIDA