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	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-U	P
,	(Business Entity Name)
	(Document Number)
Certified Coples	Certificates of Status
Special Instruction	s to Filing Officer:
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	Office Use Only



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2017 OF CORPORATIONS
CALL CHASSES FOR CALLONS

J. BRYAN DEC 2 7 2004

TRANSMITTAL LETTER

	 Registration Sec Division of Corp					
SUBJEC	T: Product &	Instrument Design LLC (Name of Limited	Liability Comp	any)	22222	
The enck	sed Articles of	Organization and fee(s) are su	bmitted for filin	g.		
Please re	turn all correspo	ondence concerning this matter	to the following	3 :		•
	Mr. Vadin	n Ty mi anski				
		(N	lame of Person)		_	
N/A						
11// \	1	(F	firm/Company)		.=	<u> </u>
	9104 NW 64	Torr				
	91041111104	1611	(Address)	· ···	· · · · · · · · · · · · · · · · · · ·	
						宝 四
	Gaine	sville, FL 32653			· . ·-	ASS.
		(City/	State and Zîp Cod	e)		四里
For furth	 er information o	concerning this matter, please of	call:			DEC 16 A 9: 54
Mr. Vad	m Tymianski		at (352	222-3123		75
	(Name	of Person)		de & Daytime Te	lephone Number)	,
Enclose	d is a check fo	r the following amount:				
3 \$125.0	00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 F Certified Cop (additional copy	ру	Si 160.00 i Certificate o Certified Co (additional copy	f Status & opy
	Regist Division 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street assee, Florida 32399		MAILING Al Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	

	S OF ORGANIZATION FOR	R FLORIDA LIMITED LIABILITY CA	OMEANY
ARTICLI	E I - Name:	, E	951
	of the Limited Liability Compar	ny is:	50 Z
ļ			100 A
Product & I	nstrument Design LLC		GAZ V
			1992 T
	E II - Address:		
Themailir	ng address and street address of t	he principal office of the Limited Liability C	Company is:
Principal	Office Address:	Mailing Address:	
910# NW 8	64 Terr	9104 NW 64 Terr	
Gainesville	, FL 32653	Gainesville, FL 32653	
		* · · · · · · · · · · · · · · · · · · ·	
			ure:
The name	and the Florida street address of		
The name	Mr. Vadim Tymlanski	the registered agent are:	
The name	Mr. Vadim Tymlanski 1 9104 NW 64 Terr	Name	
The name	Mr. Vadim Tymlanski 1 9104 NW 64 Terr		
The name	Mr. Vadim Tymlanski 9104 NW 64 Terr Florida stre Gainesville, FL 32653	Name eet address (P.O. Box <u>NOT</u> acceptable) FL	
The name	Mr. Vadim Tymlanski 9104 NW 64 Terr Florida stre Gainesville, FL 32653	Name eet address (P.O. Box <u>NOT</u> acceptable)	

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
 MGR	ر کسیر Vadim Tymianski
	9104 NW 64 Terr
	Gainesville, FI 32653
	/
(Use attachment if necessary)	
NOTE: An additional article n	oust be added if an effective date is requested.
	•
REQUIRED SIGNATURE:	
	dly Glynausia
Signature of a m	ember or an authorized representative of a member.
of this document	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)
Vadim Tymians	ski
	Typed or printed name of signee
Filing Fees:	