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(Address)

(City/State/Zip/Phone #)

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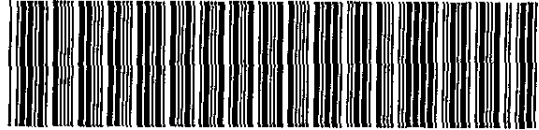
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Timeless Legends, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and *fcc(s)* are submitted for filing.

Please return all correspondence concerning this matter to the following:

Todd Zimmerman  
(Name of Person)

AccellCPAs, P.A.  
(Firm/Company)

10710 Firebrick Court  
(Address)

Trinity, Florida 34655  
(City/State and Zip Code)

For further information concerning this matter, please call:

Todd Zimmerman at ( 727 ) 433-1388  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION  
OF  
TIMELESS LEGENDS, LLC**

The undersigned incorporator hereby executes these Articles of Organization for the purpose of forming a Limited Liability Company in accordance with the laws of the State of Florida.

**ARTICLE I: NAME**

The name of the Limited Liability Company is Timeless Legends, LLC.

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of this limited liability company shall be 7853 Gunn Highway #163, Tampa, Florida, 33626.

**ARTICLE III: REGISTERED OFFICE AND REGISTERED AGENT**

The initial registered office of this limited liability company shall be 12632 Buckhorn Drive, Hudson, FL 34669 and the initial registered agent of this limited liability company at such office shall be David Knutson. This limited liability company shall have the right to change such registered agent and such registered office from time to time, as provided by law.

**ARTICLE IV: MANAGER(S) OR MANAGING MEMBER(S)**

The name and street address of the Managing Member is:

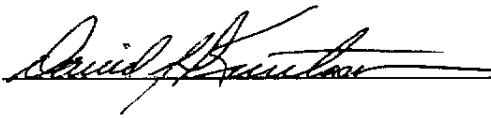
<u>Title</u>	<u>Name</u>	<u>Address</u>
MGRM	David Knutson	12632 Buckhorn Drive, Hudson, FL 34669

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

Name of Signee David Knutson

Signature 

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION  
OF REGISTERED AGENT/REGISTERED OFFICE**

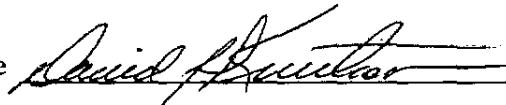
Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the Registered Agent/Registered Office, in the State of Florida.

1. The name of the limited liability company is Timeless Legends, LLC.
2. The name and address of the registered agent and office is:

David Knutson  
12632 Buckhorn Drive  
Hudson, FL 34669

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in the 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 obligation of my position as registered agent.

Signature



SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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