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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE
FALLAHASSEF ET OBEN.

COVER LETTER

Division of Corporations			
SUBJECT: Tim & Ole's Trim S	Shop LLC		
	ame of Limited Liability	Company)	
The enclosed Articles of Organization a	nd fee(s) are submitted fo	filing.	
Please return all correspondence concern	ning this matter to the foll	owing:	
Paul Olsen			
	(Name of Pers	on)	
Tim & Ole's Trim Sho	0		
	(Firm/Compa	ıy)	
2460 Lewis St			
· · · · · · · · · · · · · · · · · · ·	(Address)		
Melbourne, Florida	32901		
	(City/State and Zi	Code)	
For further information concerning this	natter, please call:		
Paul Olsen	at (321	723 799	9
(Name of Person)	(Are	a Code & Daytime To	elephone Number)
Enclosed is a check for the following	amount:		
\$125.00 Filing Fee \$130.00 F Certificate of	Status Certified	00 Filing Fee & Copy copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Adda Registration S Division of C P.O. Box 632 Tallahassee, F	ection Regorporations Div 7 Clii L 32314 266	et/Courier Addressistration Section ision of Corporation ton Building 1 Executive Center ahassee, FL 32301	ns

SILL OF

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ıny is:	
Tim & Ole's Trim Shop LLC		
(Must end with the words "Limited Liability Company,	"Limited Company" or their abbreviation "LLC," o	or "L.C.,")
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited Liab	oility Company is:
		and the second second
Principal Office Address:	Mailing Address:	
2460 Lewis Street	2460 Lewis Street	
Melbourne, Florida 32901	Melbourne, Florida 32901	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	a Registered Agent. You must designate an individu	al or another
The name and the Florida street address of Timothy Olsen		POS MAY : SECRE) / ALLAHA
Timothy Olsen	f the registered agent are: Name	FIL 06 MAY -3 SECRETARY ALLAHASSE
Timothy Olsen		
Timothy Olsen 894 Thuringer Street		EE, F
Timothy Olsen 894 Thuringer Street	Name	
Timothy Olsen 894 Thuringer Street Florida str Palm Bay,	Name reet address (P.O. Box <u>NOT</u> acceptable)	EE, F

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Name and Address:	
"MGRM" = Managing Member	er	
MGR	Timothy Olsen	
	894 Thuringer Street	
	Palm Bay, FI 32907	
MGRM	Paul Olsen	
	2460 Lewis Street	
,	Melbourne, Florida 32901	
(Use attachment if necessary)		
• · · · · · · · · · · · · · · · · · · ·		
	don the date of Eline, MAY 1 2006 (OPTION	
CLE V: Effective date, if other t		
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)