

L080000074930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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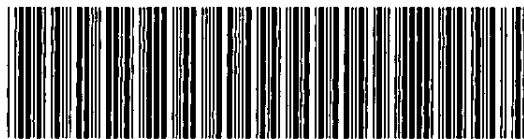
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: TIME FOR YOU, LLC  
(Proposed Corporate Name - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

     \$70.00           \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

LLC:   X   \$155  
Filing Fee  
& Certified Copy

<u>    </u> \$78.75 Filing Fee & Certified Copy	<u>    </u> \$87.50 Filing Fee Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Gary S. Wright, Esq.  
Name (Printed or typed)

465 Summerhaven Drive #C  
Address

DeBary, FL 32713  
City, State & Zip

(386) 753-0280  
Daytime Telephone Number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF ORGANIZATION

OF

TIME FOR YOU, LLC

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TALLAHASSEE FLORIDA

ARTICLE I

NAME

The name of the Limited Liability Company is **TIME FOR YOU, LLC.**

ARTICLE II

ADDRESS

The mailing address of the Limited Liability Company's principal office is 57 Pleasant Hill Drive, DeBary, FL 32713.

The street address of the Limited Liability Company's principal office is 57 Pleasant Hill Drive, DeBary, FL 32713.

ARTICLE III

DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV

MANAGEMENT

The managing member(s) who are designated by the member(s) as the manager(s) shall carry out and further the decisions and action of the member(s) made under the Operating Agreement and shall be authorized to execute any and all reports, forms, instruments, document, papers, writings, agreements, and contracts, including but not limited to deeds, bills of sale, assignments, leases, promissory notes, mortgages, and security agreements and any other type or form of document by which property or property rights of the Company are transferred or encumbered, or by which debts and obligations of the Company are created, incurred, or evidenced, that are necessary, appropriate, or beneficial to carry out or further those decisions or actions.

In accordance with F.S. 608.408(3), the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
Authorized Representative

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

UNDER THE PROVISIONS OF F.S. 608.415, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the limited liability company is **TIME FOR YOU, LLC**.

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

Charles M. McDonald  
57 Pleasant Hill Drive  
DeBary, FL 32713

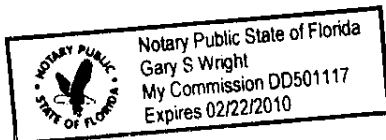
Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

**TIME FOR YOU, LLC**

  
\_\_\_\_\_  
CHARLES M. McDONALD, Registered Agent

STATE OF FLORIDA  
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this 29<sup>th</sup> day of July, 2008, by  
CHARLES M. McDONALD, who is personally known to me or who produced FL D.L. as  
identification and who did not take an oath.



Gary S. Wright  
Notary Public

Gary S. Wright  
Notary printed name  
Commission No.  
My Commission Expires:

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