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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : LAW OFFICE OF RENE' G VANDEVOORDE  
Account Number : I20040000140  
Phone : (772) 589-4353  
Fax Number : (772) 388-5514

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Timkar, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - NAME**

The name of the Limited Liability Company is **TIMKAR, LLC.**

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is 1006 Ruisdael Circle, Nokomis, FL 34275.

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, &  
REGISTERED AGENT'S SIGNATURE**

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

\_\_\_\_ Timothy James Zerndt \_\_\_\_\_  
Name

\_\_\_\_ 1006 Ruisdael Circle \_\_\_\_\_  
Fla. street address (No P.O. Box)

\_\_\_\_ Nokomis, FL 34275 \_\_\_\_\_  
City, State, Zip

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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, Florida States.

\_\_\_\_  \_\_\_\_\_  
Registered Agent's Signature

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**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\_\_\_\_\_

Timothy James Zerndt  
1006 Ruisdael Circle  
Nokomis, FL 34275

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: An additional article must be added if an effective date is requested.****REQUIRED SIGNATURE:****Signature of member or authorized representative**

(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.)

\_\_\_\_Timothy James Zerndt\_\_\_\_  
Typed or Printed name of signeeFILED  
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