

LD9000031038

2690 1st Ave
- Bartow FL 33830

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

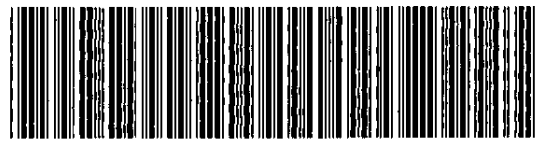
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03/30/09--01031--009 **125.00

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**ARTICLES OF ORGANIZATION
OF
Tim's Towing, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Tim's Towing, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 2690 1st Avenue , Bartow, Florida 33830.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Jeffery Timmy McAdams, 2690 1st Avenue , Bartow, Florida 33830. Located in the County of Polk.

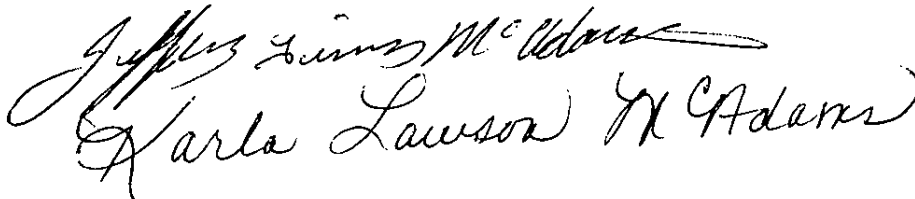
ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2049.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Jeffery Timmy McAdams, 2690 1st Avenue , Bartow, Florida 33830
Karla Lawson McAdams, 2690 1st Avenue , Bartow, Florida 33830



Tim's Towing, LLC

Prepared by Tim's Towing, LLC, 2690 1st Avenue , Bartow, Florida 33830
863-533-2560

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CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

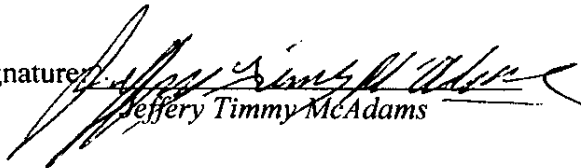
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Tim's Towing, LLC**

The name and address of the registered agent and office is Jeffery Timmy McAdams,
2690 1st Avenue , Bartow, Florida 33830. Located in the County of Polk.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: _____


Jeffery Timmy McAdams

Date: 3-25-09

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SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATION

FAX AUDIT # _____