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#### FLORIDA LIMITED LIABILITY CO.

Tim Curtis, LLC

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J. BRYAN Help

JUN 25 2010

P.01



## FXX AUDIT# 4100001480583

# ARTICLES OF ORGANIZATION OF Tim Curtis, LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Tim Curtis, LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 13438 Kane Road, Spring Hill, Florida 34609.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Tim Curtis, 13438 Kane Road, Spring Hill, Florida 34609. Located in the County of Hernando.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the national address of the member of the Limited Liability Company is:

Tim Curtis, 13438 Kane Road, Spring Hill, Florida 34609

Date: June 21, 2010

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,

WI 53717

Marle

608-827-5300

FAX AUDIT # H100001480583

TILED
NO JUN 24 M 8: 13
SECRETARY OF STATE
TALE OF STATE
TO JUN 24 M 8: 13

### FAX AUDIT # 410000148 0583

### 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 Curtis, LLC

The name and address of the registered agent and office is Tim Curtis, 13438 Kane Road, Spring Hill, Florida 34609. Located in the County of Hernando.

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:

Tim Cartie

Date: ( - 22 · 10

FILED

10 JUN 24 AM 8: 13

SECRETARY OF STATE
ANASSEE, FI DRID.

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