

#L11000042190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

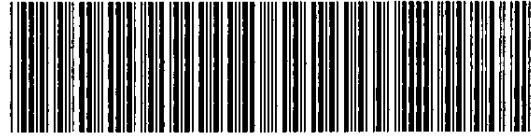
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/24/11--01024--011 **125.00

FILED
11 APR -4 AM 11:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
APR 8 2011



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2011

TIM TODD
690 S GRAND HWY
CLERMONT, FL 34711

SUBJECT: TIMS MURALS LLC
Ref. Number: W11000011152

We have received your document for TIMS MURALS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Please complete the enclosed document and return to our office. The money submitted will be applied to the new form.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 011A00004782

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tims Murals LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tim Todd

Name of Person

Firm/Company

690 S Grand Hwy

Address

Clermont, FL 34711

City/State and Zip Code

tismurals@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tim Todd

Name of Person

at (904)

803-9160

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

 Tims Murals LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

690 S Grand Hwy
Clermont, FL 34711

Mailing Address:

690 S Grand Hwy
Clermont, FL 34711

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Tim Todd

Name

690 S Grand Hwy

Florida street address (P.O. Box **NOT** acceptable)

Clermont

FL 34711

City, State, and Zip

FILED
11 APR -4 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, F.S.

Tim Todd

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MGR

Tim Todd

690 S Grand Hwy

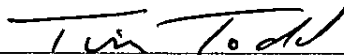
Clermont, FL 34711

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Tim Todd

Typed or printed name of signee

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)

STATEMENT OF OWNERSHIP

This certifies that I, Tim Todd am a member or
(APPLICANT'S NAME)

managing member of TIM MURALS LLC,
(LIMITED LIABILITY COMPANY NAME)

I own 100 % of the units issued by the Limited Liability Company
listed above.

**Affidavit of Applicant: I certify that the information contained herein is true
and correct to the best of my knowledge.**

Tim Todd

(PRINT NAME)

Tim Todd

(APPLICANT'S SIGNATURE)

2/4/11

(DATE)