

L11 0000 60941

(Requestor's Name)

Thomas K. Mcleod
601 1st St S Suite 3G
Jacksonville Beach, FL 32250 -6658
NNE110502001 0014006

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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EFFECTIVE DATE 05-17-11

FILED
11 MAY 23 AM 11:41
SECURITY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

MAY 24 2011

EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TIME LAPSE CONSULTING COMPANY, 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:

601 FIRST ST S
SUITE 3-G
JACKSONVILLE BEACH, FL 32250

Mailing Address:

601 FIRST ST S
SUITE 3-G
JACKSONVILLE BEACH, FL 32250

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:

LAURA S MCLEOD

Name

601 FIRST ST S SUITE 3-G

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

JACKSONVILLE BEACH FL 32250

City, State, and Zip

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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..

Laura S. McLeod
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:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

THOMAS K MCLEOD

601 FIRST ST S. SUITE 30G

JACKSONVILLE BEACH, FL 32250

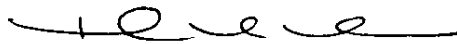
MGRM

LAURA S MCLEOD
SAME AS ABOVE

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5-17-11. (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.)

THOMAS K MCLEOD

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)

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TALLAHASSEE, FLORIDA