

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

From: **GAIL S ANDRE**
Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407) 843-4600
Fax Number : (407) 843-4444

PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU.

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**FLORIDA LIMITED LIABILITY CO.
TIME FOR MERCY, LLC**

Certificate of Status	0
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EXAMINER

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ARTICLES OF ORGANIZATION
OF
TIME FOR MERCY, LLC

ARTICLE I - NAME

The name of this limited liability company is TIME FOR MERCY, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 2008 Brengle Avenue, Orlando, Florida 32808.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 215 N. Eola Drive, Orlando, Florida 32801, and the name of the initial registered agent of the Company at that address is Amanda F. Wilson.

ARTICLE IV - MANAGEMENT

The Company is to be managed by one or more members and is, therefore, a member-managed company. The initial member of the Company is Second Harvest Food Bank of Central Florida, Inc., a Florida corporation.



Amanda F. Wilson, Authorized Representative of a
Member

ACCEPTANCE OF REGISTERED AGENT

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 Statutes.



Amanda F. Wilson

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