

L130001541232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

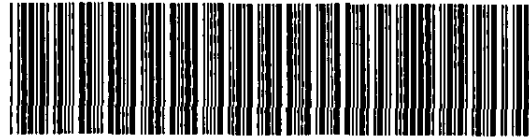
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800253226968

10/31/13--01010--018 \*\*130.00

2013 OCT 31 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV - 1 2013

EXAMINER

(850) 245-6051.

## COVER LETTER

TO: ☒ Registration Section  
Division of Corporations

SUBJECT: TIMOTHY SCHROCK ARCHITECTS  
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:

TIMOTHY RAY SCHROCK

Name of Person

TIMOTHY SCHROCK ARCHITECTS

Firm/Company

10185 COLLINS AVE, #409

Address

BAL HARBOUR, FL 33154

City/State and Zip Code

TSCHROCK@timothyschrock.COM

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

For further information concerning this matter, please call:

TIMOTHY SCHROCK

Name of Person

at ( 786 )

353-2533

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2013 OCT 24 PM 3:01  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

TIMOTHY SCHROCK ARCHITECTS, 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:

10185 COLLINS AVE. #409

BAL HARBOUR, FL 33154

#### Mailing Address:

10185 COLLINS AVE. #409

BAL HARBOUR, FL 33154

### 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:

TIMOTHY RAY SCHROCK

Name

10185 COLLINS AVE. #409

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

BAL HARBOUR, FL 33154

City, State, and Zip

2013 OCT 31 PM 3:01  
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..*

  
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

TIMOTHY RAY SCHROCK

10185 COLLINS AVE #409

BAL HARBOUR, FL. 33154

MGRM

SILVIA ESPINOSA SCHROCK

10185 COLLINS AVE. #409

BAL HARBOUR, FL 33154

2013 OCT 31 PM 3:01  
RECEIVED  
TALLAHASSEE, FL 32310

(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.)

TIMOTHY RAY SCHROCK

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)**