#114000188709

(Requestor's Name)
(Address)
(Address)
(1881,555)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
,
(Business Entity Name)
, ,
(Document Number)
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SLICHETARY OF STATE
AND ASSEE, FLORIDA

DEC 10 2014

COVER LETTER

TO:	Registration Division of (Section Corporations		
SUBJI	ECT: <u>TIMBE</u>	RCREST DEVELOPERS I Name of Lir	LC nited Liability Company	
The en	closed Articles	of Organization and fee(s) as	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
	Adalberto	P. Marecos	Name of Person	
			Name of Person	
	<u></u>		Firm/Company	
	1466 Tim	bercrest Drive		
			Address	
	<u>Deltona/F</u>	Florida 32738	City/State and Zip Code	
.dc	inbeto4u@yal	noo.com E-mail address: (to be use	d for future annual report notifica	ation)
For fur	ther information	n concerning this matter, plea	ase call:	
Adalbo	erto P. Mareco			
	Nan	ne of Person	Area Code Daytime Te	lephone Number
Enclose	ed is a check fo	r the following amount:		
☑ \$125.0	0 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:	ر. در الم
TIMERCREST DEVELOPERS LLC	
	ited Liability Company, "L.L.C.," or "LLC.")
	7073
ARTICLE II - Address:	
The mailing address and street address of the princip	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1466 Timbercrest Drive	1466 Timbercrest Drive
Deltona, Fl 32738	Deltona, FI 32738
ARTICLE III - Registered Agent, Registered Offi	on & Dagistavad Agant's Signatura.
	own Registered Agent's Signature:
another business entity with an active Florida registr	
The name and the Florida street address of the registe	ered agent are:
Adalberto P. Marecos	
	ame
1466 Timbercrest Drive	D. NOT (112)
Florida street address (P.O.	Box NOT acceptable)
Deltona	FL 32738
City	Zip
Having been named as registered agent and to accept the place designated in this certificate. I hereby a	at service of process for the above stated limited liability company at accept the appointment as registered agent and agree to act in this
capacity. I further agree to comply with the provision	ons of all statutes relating to the proper and complete performance
of my duties, and I am familiar with and accept the	e obligations of my position as registered agent as provided for in
	hapter 605, F.S
$\mathcal{A}_{\mathcal{A}}$	_
i de Vier	
Registered Agent's Sig	gnature (REQUIRED)
· · · · · · · · · · · · · · · · · · ·	B (

(CONTINUED)

Page 1 of 2

<u> Citle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	•
AMBR	Adalberto P. Marecos ,
	1466 Timbercrest Drive
	Adalberto P. Marecos 1466 Timbercrest Drive Deltona, Fl 32738 Helder M. Goncalves PO Box 1181 Newark, New Jersey 07101
ANADD	The last
AMBR	Helder M. Goncalves PO Box 1181
	Newark, New Jersey 07101
	Newark, New Jersey of Tol
	64.
V: Effective date, if other than the da	ate of filing: (OPTIONAL)
EV: Effective date, if other than the dative date is listed, the date must be filling.)	specific and cannot be more than five business days prior to or 90 days aft
ctive date is listed, the date must be filing.) 2 VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 days aft
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EV: Effective date, if other than the date tive date is listed, the date must be filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a recordance with section constitutes an affirmation un I am aware that any false inf	specific and cannot be more than five business days prior to or 90 days aft
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