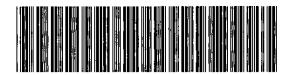
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO:

Registration Section

| Div | vision of Corporations | | | |
|----------------|---|-----------------|---|--|
| SUBJECT: | Nothing But Time L.L.C | | | |
| SUBJECT. | | Limited Liabili | ity Company | |
| The enclose | d Articles of Organization and fee(s) | are submitted | for filing. | |
| Please return | n all correspondence concerning this | matter to the f | ollowing: | |
| | Howard B Travis | | | |
| - | . , , , , , , , , , , , , , , , , , , , | Name of | Person | |
| | Nothing But Time L.L.C | | | |
| • | | Firm/Co | mpany | |
| _ | po box 5295 Spring Hill FL 34611 | | | |
| | | Addr | ess | |
| _ | Spring Hill FL 34611 | | | |
| H | Iowiebtravis@gmail.com | City/State and | d Zip Code | |
| _ | E-mail address: (to be us | ed for future a | nnual report notification | n) |
| For further in | formation concerning this matter, ple | ase call: | | |
| 1 | Howard B Travis | 352 | 442-0280 | |
| _ | Name of Person | Area Code | Daytime Telephone | Number |
| Enclosed is | a check for the following amount: | | | |
| \$125.00 Fitt | ing Fee \$130.00 Filing Fee & Certificate of Status | Certific | 0 Filing Fee & ed Copy all 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 Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability | ty Company is: | | | | | |
|---|---|------------------------------------|--|------------------------------|------------|---|
| Nothing But Time (Must end | L.L.C with the words "Limited | d Liability Co | mpany, "L.L.C.," or "LLC.") | | | |
| ARTICLE II - Address: The mailing address and street a | ddress of the principal o | office of the Li | imited Liability Company is: | | | |
| <u>Princip</u> | al Office Address: | | Mailing Address: | | | |
| Howard B Trayis 3021 COM SPAIN 6 HILL | MERCIAL WI L, FL, 3460 | 9 y 6 | po box 5295 Spring Hill FL 34611 | | | |
| ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a | cannot serve as its own | Registered A | l Agent's Signature: gent. You must designate an individua | al or | | |
| The name and the Florida street | address of the registered | d agent are: | | Z _S | <u>.</u> | |
| | Howard B Travis | | | <u>-</u> | | ************************************** |
| | | Name | | 142- T | = | F Tau |
| | 3021 Commercial W | [/] av | | (7): (3): | 2 | 1 700 } |
| | Florida street addres | | (OT acceptable) | [m] | P | ***** |
| | Spring Hill | FL | 34606 | :: (A 12 : 1 | - | S. care |
| | City | State | Zip | | (3) (3) | * *** ******************************** |
| place designated in this certificate, further agree to comply with the pr | I hereby accept the app ovisions of all statutes r | ointment as re elating to the p | for the above stated limited liability congistered agent and agree to act in this coroper and complete performance of magent as provided for in Chapter 605, I | capacity. I y duties, and | | |
| | * /hul | <u> </u> | -3 | | | |
| | Regist | ered Agent's S | Signature (REQUIRED) | | | |

(CONTINUED)

Page 1 of 2

| Title: | Name and Address: | |
|--|--|----------------------|
| "AMBR" = Authorized Member | | |
| "MGR" = Manager | Howard D Transic | |
| MGR | Howard B Travis po box 5295 Spring Hill FL 34611 | |
| | po box 3233 Spring 1111 1 L 34011 | |
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| (Use attachment if necessary) | (.j - | Ę p |
| EV: Effective date, if other than the date of filing: ective date is listed, the date must be specific and of filing.) | (OPTIONAL) d cannot be more than five business days prior to applicable statutory filing requirements, this date w | or 90-0 |
| E V: Effective date, if other than the date of filing: ective date is listed, the date must be specific and of filing.) the date inserted in this block does not meet the ament's effective date on the Department of State's | a cannot be more than live business days prior to pplicable statutory filing requirements, this date w | or 90 d |
| EV: Effective date, if other than the date of filing: ective date is listed, the date must be specific and of filing.) 'the date inserted in this block does not meet the ament's effective date on the Department of State's EVI: Other provisions, if any. | a cannot be more than live business days prior to pplicable statutory filing requirements, this date w | or 90 d |
| ective date is listed, the date must be specific and of filing.) | a cannot be more than live business days prior to pplicable statutory filing requirements, this date w | or 90 d |
| EV: Effective date, if other than the date of filing: ective date is listed, the date must be specific and of filing.) The date inserted in this block does not meet the ament's effective date on the Department of State's EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or (In accordance with section 605.0 constitutes an affirmation under the section of | an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this che penalties of perjury that the facts stated herein and tion submitted in a document to the Department of | or 903d ill not b |
| EV: Effective date, if other than the date of filing: ective date is listed, the date must be specific and of filing.) The date inserted in this block does not meet the ament's effective date on the Department of State's EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or (In accordance with section 605.0 constitutes an affirmation under the lam aware that any false information constitutes a third degree felony and the section of the sectio | an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this che penalties of perjury that the facts stated herein and tion submitted in a document to the Department of | or 903d ill not b |
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ARTICLE IV-