L16000025230

(Requestors	s Name)	
(Address)	,	
(Address)		
(City/State/Z	ip/Phone #)
PICK-UP	□ v	VAIT	MAIL.
(Business E	ntity Name))
(Document I	Number)	
Certified Copies	Ce	· ertificates of	f Status
Special Instructions	to Filing Of	ficer:	
·			

Office Use Only



200281460982

01/28/16--01011--015 **160.00

SECRETARY OF STATE

NVISION OF CORPORATIONS

16 IN 29 PH 2: 33

12.

EFFECTIVE DATE 01/23/16

~ 02/05/16

COVER LETTER

	Registration Section Division of Corporations				
CHID IEC'	Timothy A. Kruithoff Services "LLC"				
Name of Limited Liability Company					
The enclo	sed Articles of Organization and fee(s) are submitted for filing.				
Please ret	arn all correspondence concerning this matter to the following:				
	Timothy A. Kruithoff				
	Name of Person				
	Timothy A. Kruithoff Services "LLC"				
	Firm/Company				
	1040 Auburn Are. Road				
	Address				
	Venice Florida 34293				
	City/State and Zip Code				
	imhandy063@hotmail.com				
	E-mail address: (to be used for future annual report notification)				
For further	information concerning this matter, please call:				
	Timothy A. Kruithoff 941 284-4218				
	Name of Person Area Code Daytime Telephone Number				
Enclosed i	s a check for the following amount:				
] \$125,00 F					

ý

Mailing Address
New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing 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 Liabi	lity Company is:			
Timothy AKruith			pany, "L.L.C.," or "LLC.")	P
ARTICLE II - Address: The mailing address and street	address of the princ	cipal office of the Lim	ited Liability Company is:	
Principal Office Address:		<u>s</u> :	Mailing Address:	
1040 Auburn Ave. Venice Florida 342			2357 S. Tamiami Trail #3 PMB # 165 Venice Florida 34293	
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with ar	ny cannot serve as it	s own Registered Age		ndividual or
The name and the Florida stree	t address of the reg	istered agent are:		
	Timothy A. Kr	**************************************		•
		Name		
	1040 Auburn A Florida street a	address (P.O. Box NO	T acceptable)	
	Venice	Florida	34293	

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 605, F.S.

State

Zip

City

(CONTINUED)

Page 1 of 2

16 JAN 28 PH 2: 33

Title:			Name and Address:			
	"AMBR" = Authorized "MGR" = Manager "AMBR"	Member	Timothy A. Kruithoff 1040 Auburn	\		
			4 10			
	(Use attachment if nece	ssary)	,			
(If an ei the date <u>Note:</u>	ffective date is listed, the of filing.) If the date inserted in this	date must be specific and	applicable statutory filing rec	business days prior to or 90 dequirements, this date will not b		
	LE VI: Other provisions,	•	s records.			
	REQUIRED SIGNAT	Semethy	a. Kunthuff	/		
	This do I am av	ocument is executed in acvare that any false informations	an authorized representate cordance with section 605.02 ation submitted in a document as provided for in s.817.155,	203 (1) (b), Florida Statutes. It to the Department of State		

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Timothy A. Kruithoff

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2