

L160000097732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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05/23/16--01009--015 **125.00

EFFECTIVE DATE

5-20-16

RECEIVED
DEPARTMENT OF STATE
16 MAY 23 PM 2:29

16 MAY 23 PM 2:35
TALLAHASSEE, FLORIDA

APPROVED
FILED

MAY 23 2016

T. BROWN

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Over Time Holdings LLC
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

NOT RECORDED
FILED
16 MAY 23 PM 2:35
STATE OF FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

EFFECTIVE DATE

800 Ocala Rd Ste 300-264
Tallahassee, FL 32304

5-20-16

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:

Benjamin Frost
Name
800 Ocala Rd Ste 300-264
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32304
City State Zip

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

Benjamin Frost

800 Ora Rd Ste 300-264
Tallahassee, FL 32304

Matthew Friedhofer

1544 Island Way
Weston, FL 33326

(Use attachment if necessary)

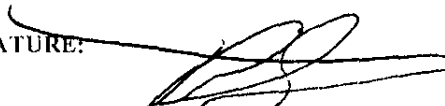
ARTICLE V: Effective date, if other than the date of filing: 5/20/16 (OPTIONAL)

(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.)

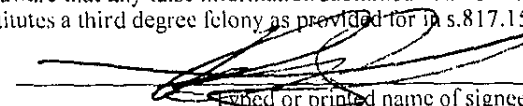
Note: If the date asserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.


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)