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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

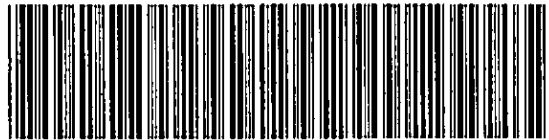
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

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18 APR -2 PM 1:14  
TALLAHASSEE, FL

D O'KEEFE  
APR 05 2018

Timothy M. Fitzgibbon  
Timothy M. Fitzgibbon, LLC  
1447 20th Ave N.  
St. Pete, FL 33704

March 22, 2018

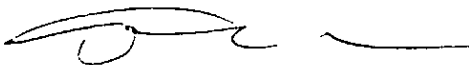
Secretary of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Timothy M. Fitzgibbon, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization, together with a check in the amount of \$155.00. This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the above-named organization.

Very truly yours,



Timothy M. Fitzgibbon  
Timothy M. Fitzgibbon, LLC

Enclosures

check stapled here

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18 APR -2 PM 1:50  
TALLAHASSEE, FL 32314

**ARTICLES OF ORGANIZATION**

of

**TIMOTHY M. FITZGIBBON, LLC**

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

**ARTICLE I - ORGANIZATION NAME**

The name of the organization is Timothy M. Fitzgibbon, LLC.

**ARTICLE II - DURATION**

The limited liability company shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III - PURPOSE**

The limited liability company is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida, and to be afforded all the protections of the laws of the State of Florida afforded to limited liability companies.

**ARTICLE IV - ORGANIZATION OFFICE**

The organization's principal office address shall be as follows:

1447 20th Ave N.  
St. Pete, FL 33704

The organization's mailing address shall be as follows:

1447 20th Ave N.  
St. Pete, FL 33704

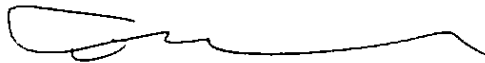
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TALLAHASSEE, FL

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED  
AGENT'S SIGNATURE**

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Timothy M. Fitzgibbon  
1447 20th Ave N.  
St. Pete, FL 33704

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.



**Timothy M. Fitzgibbon, Registered Agent**

**ARTICLE VI - MANAGERS**

This organization shall have one (1) manager initially. The number of managers may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name and address of the initial manager of the organization is as follows:

Timothy M. Fitzgibbon  
1447 20th Ave N.  
St. Pete, FL 33704

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10 APR - 2 PM 1:49  
TALLAHASSEE, FL 32304

## ARTICLE VII - SIGNER


The name and address of the person signing these Articles of Organization is as follows:

Timothy M. Fitzgibbon  
1447 20th Ave N.  
St. Pete, FL 33704

## ARTICLE VIII – MANAGEMENT

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.

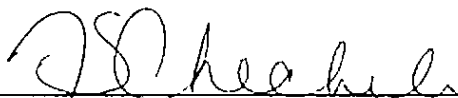
IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Organization this 22<sup>nd</sup> day of March, 2018

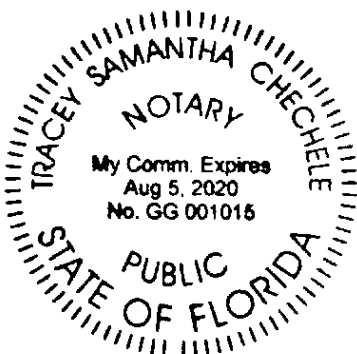
  
\_\_\_\_\_  
Timothy M. Fitzgibbon

STATE OF FLORIDA  
COUNTY OF PINELLAS

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Timothy M. Fitzgibbon, known to me to be the person who executed the foregoing Articles of Organization, or who presented FL. Dr. License as identification, and who acknowledged before me that he executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 22<sup>nd</sup> day of March, 2018

  
\_\_\_\_\_  
Notary Public, State of Florida at Large  
My Commission Expires:



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18 APR -2 PM 1:49  
TALLAHASSEE, FL 32302