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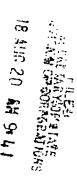
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#### COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	TMS Solutions, LLC			
SOBJEC	Name of Limited Liability Company			
The enclo	sed Articles of Organization and feet	s) are submitte	d for filing.	
Please reti	urn all correspondence concerning th	is matter to the	following:	
	Robert D. Wilson			
		Name c	f Person	_
	Wilson & Williams PA			•
	Firm/Company  954 E Silver Springs Blvd  Address  Ocala FL 34470  City/State and Zip Code  ten10ths@gmail.com			_
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		used for future	annual report notification)	- <del>[</del>
or further:	information concerning this matter, p			
		352 L(	629-9747	
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	Filing Fee \$130.00 Filing Fee of Certificate of Status	s LCerti	.00 Filing Fee & S160.00 Filing Fee. fied Copy Certificate of Status Certified Copy (additional copy is enc	
	Mailing Address New Filing Section		Street Address New Filing Section	
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION OF TMS SOLUTIONS, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 605, Florida Statutes, hereby make: acknowledge and file these Articles of Organization.

## ARTICLE I - NAME

The name of the Limited Liability Company shall be TMS SOLUTIONS, LLC ("Company").

#### ARTICLE II - ADDRESS

The mailing address shall be:

4455 NW 7<sup>TH</sup> Ave. Ocala FL 34475

The principal office address shall be: 4455 NW 7<sup>TH</sup> Ave, Ocala FL 34475

#### ARTICLE III - DURATION

The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual, unless earlier dissolved as provided in the Operating Agreement.

#### ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and street address of the Registered Agent of the Company in the State of Florida is, whose address is ALEXANDER C. SINCLAIR, II, 4455 NW 7TH Ave. Ocala FL 34475.

#### ARTICLE V - MANAGEMENT

Company shall be managed by its initial manager, in accordance with the terms and conditions of the Operating Agreement. The Operating Agreement may contain other provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization. The name and address of the organizer of the Company is: ALEXANDER C. SINCLAIR, II, as Manager whose mailing address is 4455 NW 7<sup>TH</sup> Ave. Ocala FL 34475.

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these Articles of Organization at Ocala, Marion County, Florida on this day of August. 2018.

[In accordance with section 605.0203(1)(b), Florida Statues, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

# STATE OF FLORIDA COUNTY OF MARION

Notary Public State of Florida
Star J Murphy
My Commission FF 920398
Expires 10/24/2019

#### CERTIFICATE OF ACCEPTANCE BY REGISTERED AGENT

ALEXANDER C. SINCLAIR, II, being the person named in the Articles of Organization of TMS SOLUTIONS, LLC, as the Registered Agent of this Limited Liability Company, hereby consents to acceptance of service of process for the above stated Company at the place designated in the Articles of Organization, and accepts the appointment as Registered Agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with, and accepts the obligations of the position of Registered Agent as provided for in Chapter 605, F.S..

Dated this \_/6 day of August, 2018.

Alexander C. Sinclair, II

Notary Public

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