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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 OCT 17 PM 1:11
TALLAHASSEE, FL
SECRETARY OF STATE

D O'KEEFE
OCT 19 2018

DAVID J. GAUTHIER, CPA, P.A.

CERTIFIED PUBLIC ACCOUNTANT

772 Cortaro Drive, Suite B
Sun City Center, Florida 33573

TEL (813) 634-9500

FAX (813) 642-8112

August 21, 2018

Monday 15th

Florida Secretary of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

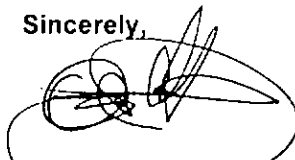
RE: Timmur Holdings, LLC

Dear Sir or Madam:

Enclosed, for filing, are the original Articles of Incorporation for the above referenced entity. Also enclosed is a check, in the amount of \$~~225~~¹⁵⁵.00, covering the costs of filing the Articles and providing a certified copy thereof.

It is requested that the enclosed Articles be filed and a Certificate forwarded to the undersigned at your earliest convenience.

Sincerely,



David J. Gauthier, CPA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Timmur Holdings, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Nusman Murray

Name of Person

Timmur Holdings, LLC

Firm/Company

P.O. Box 291015

Address

Tampa, FL 33687

City/State and Zip Code

murray9908@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Nusman Murray at (813) 486-5400

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &
Certificate of Status

☒

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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 Liability Company is:

Timmur Holdings, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

316 E. Adalee Street

Tampa, FL 33603

Mailing Address:

P O Box 291015

Tampa, FL 33687

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:

Lisa Nusman Murray

Name

316 E. Adalee Street

Florida street address (P.O. Box **NOT** acceptable)

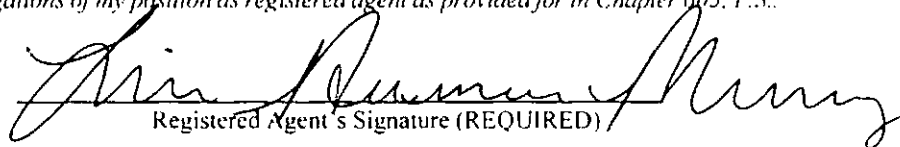
Tampa, FL 33603

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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18 OCT 17 PM 11:31
TALLAHASSEE, FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Managing Member

Name and Address:

Lisa Nusman Murray
P O Box 291015
Tampa, FL 33687

Managing Member

Ricky Timmons
P O Box 291015
Tampa, FL 33687

(Use attachment if necessary)

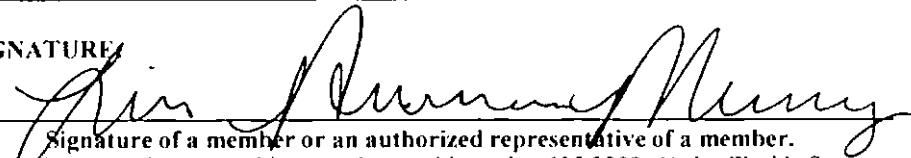
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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 inserted 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.

Lisa Nusman Murray

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)

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18 OCT 17 PM 1:3
TALLAHASSEE, FL
STATE