# L20000240182

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600350536716

PITT (155 ) 6 1/1 2: LSIZE AUG 18 AH ID: 35
PITT (155 ) 6 1/1 2: LSECRETARY OF STATE
SECRETARY OF STATE
TALLAHASSEE, FL

AUG 1 1

### FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 8/18/20

NAME: TWINTIME, LLC

TYPE OF FILING: ARTICLES

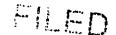
COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE attodge



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY AUG 18 AN 10: 35

A	RT	'IC'	LF I	۱ ـ	Nα	me:

The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FL

(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	
he mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Principal Office Address:  2645 South Bayshore, Apt 802	
<del></del> _	Mailing Address:  c/o Berman Capital Advisors, LLC 3445 Peachtree Road, Suite 1400

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:

PARACORP INCORPORATED			
	Name		
155 Office Plaza Drive, 1st Floor			
Florida street addre	ss (P.O. Box <u>NOT</u> ac	ceptable)	
Tallahassee	FL	32301	
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..

See	Attached	Consent
	Registere	ed Agent's Signature (REQUIRED)

(CONTINUED)

as

	T.	***	~	 
А	ĸ		( 1	IV-

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

Title:	Name and Address:					
"AMBR" = Authorized Member						
"MGR" = Manager						
AMBR	POS, LLC, a Missouri limited liability company					
	3800 Park Avenue St. Louis, MO 63110					
	Dr. Cours, Mr. O. C. C.					
MGR	James M. McKelvey					
Menc	2645 South Bayshore, Apt 802					
	Miami, FL 33133					
	James M. McKelvey  2645 South Bayshore, Apt 802  Miami, FL 33133  LARRY OF STATE  TO STATE  35					
	OF STATE					
	اري الماري ا الماري الماري المار					
(If an effective date is listed, the date mus the date of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days after					
<b>Note:</b> If the date inserted in this block do the document's effective date on the Depa	es not meet the applicable statutory filing requirements, this date will not be listed as					
·	auton of successions.					
ARTICLE VI: Other provisions, if any,						
<u>reouired</u> signature:	Docustaned by:					
Signature	Signature of a member or an authorized representative of a member.					
This document is	This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.					
	iny false information submitted in a document to the Department of State					
constitutes a third	d degree felony as provided for in s.817.155, F.S.					
JAMES N	A. McKELVEY					

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

#### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

**DATE:** 8/17/2020

ENTITY NAME: TwinTime, LLC

#### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated