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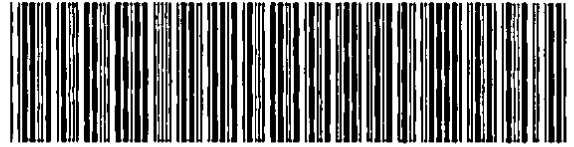
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. BURCH  
DEC 15 2021

**ARTICLES OF ORGANIZATION OF**  
**TIR 2 LLC**

The undersigned Member(s) hereby certify that they have associated for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. The undersigned further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

**NAME**

The name of the limited liability company shall be **TIR 2 LLC** (the "Company").

**ADDRESS OF PRINCIPAL PLACE OF BUSINESS**

The mailing address and street address of the principal office of this Company shall be 15701 S. Tamiami Trail, Fort Myers, Florida 33908.

**REGISTERED AGENT**

The name and address of the initial registered agent in the State of Florida follows:

Kevin F. Jursinski, Esquire  
15701 S. Tamiami Trail  
Fort Myers, Florida 33908

**MANAGEMENT**

The Company shall be manager-managed, whose name(s) and address are as follows:

Tomas Novak  
15701 S. Tamiami Trail  
Fort Myers, FL 33908

Adam Zert  
27636 Franklin Street  
Bonita Springs, FL 34134

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### MEMBERSHIP

The Member(s) shall have the right to admit new members upon making such contributions as are set out in the Operating Agreement, and otherwise complying with and agreeing to the terms and provisions of the Operating Agreement.

### EFFECTIVE DATE OF FILING

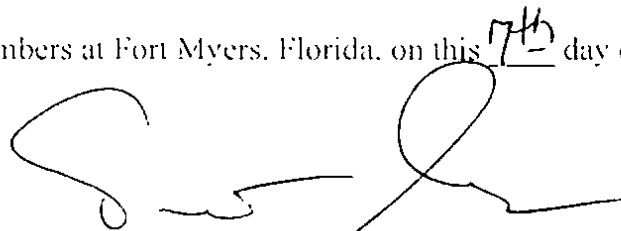
Pursuant to Florida Statute 605.0207 the effective date of filing of these Article of Organization and commencement of the existence of this Limited Liability Company shall be the date these Articles executed.

### CORRESPONDENCE AND EMAIL ADDRESS

The following is the address and email address for all correspondence to the limited liability company:

15701 S. Tamiami Trail  
Fort Myers, FL 33908  
Email: [info@tiva.biz](mailto:info@tiva.biz)

Executed by the undersigned members at Fort Myers, Florida, on this 7<sup>th</sup> day of December, 2021.



\_\_\_\_\_  
Tomas Novak  
its authorized representative

\_\_\_\_\_  
Adam Zert  
its authorized representative

(In accordance with Section 605.0203(1)(b), Florida Statutes, 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

SS:

COUNTY OF LEE

The foregoing instrument was sworn to and acknowledged before me, an officer duly authorized in the State and County aforesaid, by means of ☒ physical presence, or ☐ online notarization, this 7<sup>th</sup> day of Dec., 2021, by Tomas Novak, who executed the foregoing instrument and who did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 7<sup>th</sup> day of Dec., 2021.

Lisa Hendrix  
NOTARY PUBLIC  
(Typed/printed name) Lisa Hendrix  
Notary Commission No.: #HH058489

My Commission Expires: 1/15/2025  
Personally Known or Produced Identification  
Type of Identification Produced: \_\_\_\_\_



STATE OF FLORIDA

SS:

COUNTY OF LEE

The foregoing instrument was sworn to and acknowledged before me, an officer duly authorized in the State and County aforesaid, by means of ☒ physical presence, or ☐ online notarization, this 7<sup>th</sup> day of Dec., 2021, by Adam Zert, who executed the foregoing instrument and who did take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this 7<sup>th</sup> day of Dec., 2021.

Lisa Hendrix  
NOTARY PUBLIC  
(Typed/printed name) Lisa Hendrix  
Notary Commission No.: HH 058489

My Commission Expires: 1/15/2025  
Personally Known or Produced Identification  
Type of Identification Produced: \_\_\_\_\_



**CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE  
AND REGISTERED AGENT**

**PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.**

The name of the limited liability company is **TIR 2 LLC.**

The name of the initial registered agent of the limited liability company is **Kevin F. Jursinski, Esquire** and the address of the office of the registered agent is **1579  
Tamiami Trail, Fort Myers, Florida 33908.**

**REGISTERED AGENT ACCEPTANCE**

Having been named as registered agent and to accept services 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 that 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.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 7<sup>TH</sup> day of December, 2021.

  
\_\_\_\_\_  
KEVIN F. JURSKINSKI, ESQUIRE

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TALLAHASSEE, FLORIDA

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