

2/14/22, 1:43 PM

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : REED MAWHINNEY & LINK, PLLC
Account Number : I20180000105
Phone : (863)687-1771
Fax Number : (863)687-1775

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Suzanne@polklawyer.com

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**FLORIDA LIMITED LIABILITY CO.
TSI Vibration Analysis and Consulting, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

Help

H22000058661 3

COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: TSI Vibration Analysis and Consulting, 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:

William Link

Name of Person

Reed Mawhinney & Link, PLLC

Firm/Company

1611 Harden Blvd.

Address

Lakeland, FL 33803

City/State and Zip Code

suzanne@polklawyer.com

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

For further information concerning this matter, please call:

William Link	863	687-1771
Name of Person	at ()
	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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H22000058661 3

H22000058661 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TSI Vibration Analysis and Consulting, 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:2105 Indian TrailLakeland, FL 33813**Mailing Address:**2105 Indian TrailLakeland, FL 33813**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:

Ellen M. Irwin

Name

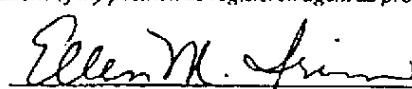
2105 Indian TrailFlorida street address (P.O. Box NOT acceptable)LakelandFL33813

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)

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H22000058661 3

H22000058661 3

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member
 "MGR" = Manager

MGR**Name and Address:**

Timothy S. Irwin
 2105 Indian Trail
 Lakeland, FL 33813

MGR

Ellen M. Irwin
 2105 Indian Trail
 Lakeland, FL 33813

(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:*Timothy S. Irwin*

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.

Timothy S. Irwin

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)

 STATE
 OF FLORIDA
 TALLAHASSEE, FLORIDA
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H22000058661 3