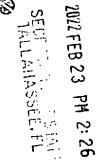
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(Requestor's Name)
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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REO	JEST	DATE	2/23/202	2

PRIORITY Regular Approval

OUR REF_#_(Order_ID#) 1002385

ORDER ENTITY

TIMBOS INVESTMENTS LLC

PLEASE PERFORM THE FOLLOWING TIMBOS INVESTMENTS LLC (FL)	SERVICES:	
New LLC filing		
NOTES:		
\$125.00 Authorized		
Email address for annual report reminder	s: e.lopez@gaius.global	4
RETURN/FORWARDING INSTRUCTI ACCOUNT NUMBER: 120050000052	ONS:	

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2022

INCSERV

SUBJECT: TIMBOS INVESTMENTS LLC

Ref. Number: W22000023669

Please hence the estigence submission date as the file date thanks!

We have received your document for TIMBOS INVESTMENTS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 922A00004557

Please hone: the erijenal submission date as the file date thanks!

2022 FEB 25 PM 3: 2

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

Timbos Investments L1				_
(Must contain	n the words "Limited I.	liability Company.	L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street add	ress of the principal of	Tice of the Limited	Liability Company is:	
Principal	Office Address:		Mailing Address:	
7950 NW 53rd St., Sui	te 337	7950	NW 53rd St., Suite 337	
Miami, F1. 33166		Miar	ni, FL 33166	
ARTICLE III - Registered Agen	t, Registered Office, o	& Registered Agen	t's Signature:	- • ~
(The Limited Liability Company canother business entity with an act	annot serve as its own tive Florida registration	Registered Agent. \n.) agent are:	ou must designate an individual or O	2FEB 23 PM
The Limited Liability Company canother business entity with an act	annot serve as its own tive Florida registration dress of the registered Incorporating Service	Registered Agent. \n.) agent are: es, Ltd. Name	ou must designate an individual or of the state of the st	2FEB 23 PM
(The Limited Liability Company canother business entity with an act	annot serve as its own tive Florida registration idress of the registered Incorporating Service	Registered Agent. \n.) agent are: es, Ltd. Name	ou must designate an individual or of the state of the st	2FEB 23
ARTICLE III - Registered Agen (The Limited Liability Company coanother business entity with an act The name and the Florida street ad	annot serve as its own tive Florida registration dress of the registered Incorporating Service	Registered Agent. \n.) agent are: es, Ltd. Name	ou must designate an individual or of the state of the st	2FEB 23 PM

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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

A	RT	CI	Æ	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		
	MGR	Nicolas Freixas 7950 NW 53rd St., Suite 337 Miami, FL 33166	
			3007 EF
			R 23 PH
	(Use attachment if necessary)		4 2: 2
(If an e the data Note:	ffective date is listed, the date must be a cof filing.)	pecific and cannot be more than five business days prior to or 90 di	or Bys after
ARTIC		•	<u> </u>
	REQUIRED SIGNATURE:	Cum .	
	This document is exec	nember or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. lise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.	
	Nicolas Freixas	'	

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)