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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email Address:_

FLORIDA LIMITED LIABILITY CO.

TIMAR LLC

AH 10: 46

Certificate of Status 0 Certified Copy Page Count 04 Estimated Charge \$155.00

Electronic Filing Menu Corporate Filing Menu

Help

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COVEDIETTED

	COVERLETTER		
	New Filing Section Division of Corporations		
SUBJEC	Timar LLC		
SCBJEC	Name of Limited Liability Company		
The enclo	osed Articles of Organization and fee(s) are submitted for filing.		
Please ret	turn all correspondence concerning this matter to the following:		
	Mark H. McGivern		
	Name of Person		
		2022 561 7ALL	
	Firm/Company	2022 MAY SEGRET ALLAHA	7
	2817 NE 25th Court	16 ARY (SSE	$\overline{\Gamma}$
	Address	AT OF S	T
	Fort Lauderdale, Florida 33305	STATE LORIDA	
	City/State and Zip Code NYSQUAM@gmail.com	03	
	E-mail address: (to be used for future annual report notification)	 	
For further	information concerning this matter, please call:		
	Paul H. Minoff, Esq. 954 761-8111		
	Name of Person Area Code Daytime Telephone Number		
Enclosed	is a check for the following amount:		
□\$125.0	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certificate Copy is enclosed)	60.00 Filing Fee, ficate of Status & fied Copy nal copy is enclosed)	
	Mailing Address Street Address New Filing Section New Filing Section Division Division of Corporations The Centre of Tallahassee P.O. Par 6327 2415 N. Monroe Street, Suite 8	10	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Timar LLC				
	t contain the words "Limited L	iability Company, "I	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and st	rect address of the principal of	Tice of the Limited L	iability Company is:	
Pr	incipal Office Address:		Mailing Address:	
		29171	NE 25th Court	
2817 NE 25th (Lourt		AE ZOULCOME	
Fort Lauderdale ARTICLE III - Registere (The Limited Liability Con	d Agent, Registered Office, and an active Florida registration	Fort L & Registered Agent Registered Agent Yo	auderdale, Florida 33305 's Signature:	_
Fort Lauderdale ARTICLE III - Registere (The Limited Liability Contant another business entity with	d Agent, Registered Office, & apany cannot serve as its own than active Florida registration attract address of the registered	& Registered Agent Registered Agent Yo	auderdale, Florida 33305 's Signature:	202: St. Fali
Fort Lauderdale ARTICLE III - Registere (The Limited Liability Contanother business entity with	d Agent, Registered Office, & apany cannot serve as its own han active Florida registration	& Registered Agent Registered Agent Yo	auderdale, Florida 33305 's Signature:	202: St. Fali
ARTICLE III - Registere (The Limited Liability Con another business entity with	d Agent, Registered Office, & apany cannot serve as its own than active Florida registration attract address of the registered	Registered Agent Registered Agent You agent are:	auderdale, Florida 33305 's Signature:	202: St. Fali
ARTICLE III - Registere (The Limited Liability Con another business entity with	d Agent, Registered Office, & apany cannot serve as its own than active Florida registration at rect address of the registered GrayRobinson, P.A.	Registered Agent Registered Agent You agent are: Name vd, Suite 1000	auderdale, Florida 33305 's Signature: ou must designate an individ	202: St. Fali
ARTICLE III - Registere (The Limited Liability Con another business entity with	d Agent, Registered Office, & apany cannot serve as its own than active Florida registration treet address of the registered GrayRobinson, P.A. 401 East Las Olas Bl	Registered Agent Registered Agent You agent are: Name vd, Suite 1000	auderdale, Florida 33305 's Signature: ou must designate an individ	2022 MAY 16 SECKE FARY (FALLAHASSEE

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.. /s/ Paul H. Minoff, Esq.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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<u>Title:</u> "AMBR" = A "MGR" = M	Authorized Member anager	Name and Address:	
<u>MGR</u>		Mark H. McGivern 2817 NE 25th Court Fort Lauderdale, FL 33305	
	<u>.</u>		• •
			•
Ales susshm			
(Ose attachir	ent if necessary)		
CLE V: Effective date is e of filing.)	ve date, if other than the dat listed, the date must be s	te of filing: 5/13/2022 . (OPTIONAL) pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not	be listed
CLE V: Effective date is e of filling.) If the date inse	ve date, if other than the dat listed, the date must be s	meet the applicable statutory filing requirements, this date will not	be listed
CLE V: Effective date is e of filing.) If the date insecument's effect	ve date, if other than the dat listed, the date must be s rted in this block does not	meet the applicable statutory filing requirements, this date will not at of State's records.	be listed MA
CLE V: Effective date is e of filing.) If the date insecument's effect	ve date, if other than the dat listed, the date must be so rted in this block does not ive date on the Departmen	meet the applicable statutory filing requirements, this date will not it of State's records.	be listed
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CLE V: Effective date is e of filing.) If the date insecument's effect	ve date, if other than the dat listed, the date must be so red in this block does not ive date on the Department provisions, if any. 2 SIGNATURE: /S/ Mark H. M.	meet the applicable statutory filing requirements, this date will not at of State's records.	be listed be 12022 MAY 16 AM 8:
CLE V: Effective date is e of filing.) If the date insecument's effect	re date, if other than the dat listed, the date must be spread in this block does not ive date on the Department provisions, if any. SIGNATURE: /S/ Mark H. M Signature of a m This document is exect I am aware that any fall	meet the applicable statutory filing requirements, this date will not at of State's records.	be listed be 12022 MAY 161 AM

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)