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Office Use Only

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FLORIDA CAPITAL COURIER SERVI 2330 CLARE DR TALLAHASSEE, FL 32309 (850) 524-5437 / (850) 524-6243 / Please use funds from this a Authorization Signature: ISLAND TIME HOLDING, LLC BUSINESS NAME	
_XCertified Copy	
_XCertificate of Status	
<u>NEW FILINGS</u>	<u>AMENDMENTS</u>
Profit CorpNot for ProfitXLimited LiabilityDomesticationLLLPCORPOtherOther	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentRevocation of DissolutionMergerArticles of ConversionRestated Articles of IncorporationStatement of Authority
OTHER FILINGS	
ApostilleCountryAnnual ReportFictitious Name	Foreign FilingReinstatementQualificationOther

XAMINER'S INITIALS:_____

FLORIDA CAPITAL COURIER SERVIC 2330 CLARE DR TALLAHASSEE, FL 32309 (850) 524-5437 / (850) 524-6243 / Please use funds from this ac Authorization Signature: ISLAND TIME HOLDING, LLC BUSINESS NAME _XCertified Copy X Certificate of Status	
Profit Corp Not for Profit X_Limited Liability Domestication LLLP CORP Other Other	AMENDMENTS AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentRevocation of DissolutionMergerArticles of ConversionRestated Articles of IncorporationStatement of Authority
OTHER FILINGS ApostilleCountryAnnual ReportFictitious Name	Foreign FilingReinstatementQualificationOther

XAMINER'S INITIALS:____



January 25, 2024

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: ISLAND TIME HOLDING, LLC

Ref. Number: W24000011858

We have received your document for ISLAND TIME HOLDING, LLC. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L05000078099.

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

KAIN COSTELLO Regulatory Specialist II New Filing Section

ALLAHASSEE, FLOF

Letter Number: 524A00001587

2024 JAN 26 AM 9: OC

COVER LETTER

	lew Filing Section Division of Corporations		
SUBJECT	—Island Time Holding-1:1:C	Andrew	s Stables LLC
		of Limited Liability Compa	ny
The enclos	sed Articles of Organization and fe	e(s) are submitted for filing.	
Please retu	irn all correspondence concerning t	his matter to the following:	
	Savannah L. Andrews		
		Name of Person	
	Island Time Holding, LLC		
		Firm/Company	
	16704 Tobacco Rđ		
		Address	, <u></u>
	Lutz, FL 33558		
	1.16 1.10	City/State and Zip Cod	e
	bskfinancial@aol.com E-mail address: (to be	e used for future annual repo	ort notification)
For further i	information concerning this matter,		,
	Bernard R. Skerkowski	813 758-227	79
	Name of Person		e Telephone Number
Enclosed i	s a check for the following amount	:	
□\$125.00	Filing Fee S130.00 Filing Certificate of State		Certificate of Status &
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	The Centr	dress g Section Division e of Tallahassee Aonroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Links	Hite Communication			
The name of the Limited Liabi	my Company is.			
		A	CIL	1 110
Island Fime Holdin		Andrew		oles LLC
(Must co	ntain the words "Limite	ed Liability Company, "	"L.L.C.," or "LLC.")	
ADTICLE II. Addresses				
ARTICLE II - Address: The mailing address and street	address of the principa	Loffice of the Limited I	Liability Company is:	
	and the second second			
<u>Princi</u>	ipal Office Address:		Mailing A	<u>ddress</u> :
16704 Tobacco Rd		1670-	4 Tobacco Rd.	
Lutz, FL 33558			FL 33558	
ARTICLE III - Registered A	gent, Registered Offic	e, & Registered Agen	t's Signature:	
(The Limited Liability Compar	ny cannot serve as its ov	wn Registered Agent. Y	'ou must designate an	individual or
another business entity with ar	i active Florida registra	tion.)		
		_		
The name and the Florida stree	et address of the register	red agent are:		
	Savannah L. Andre	ews		
		Name		•
	16704 Tobacco Rd			
	Florida street addr	ess (P.O. Box <u>NOT</u> ac	ceptable)	
	Lutz	FL.	33558	_
	City	State	Zip	
	·		,	
laving been named as registered				
place designated in this certifical	te, I hereby accept the aj	ppointment as registere	d agent and agree to a	act in this capacity. I
urther agree to comply with the p	provisions of all statutes	s relating to the proper o	and complete perform	ance of my duties, and I
am familiar with and accept the d	obligations of my positic	on as registered agent a	s provided for in Ch <mark>a</mark> j	oter 605, F.S.,
	Savan	nah L. Andr	ewa	
		istered Agent's Signatu		
	Acg.			
		(CONTINUED)		

ARTICLE IV-

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

<mark>Fitle:</mark> 'AMBR" = Autho	orized Member	Name and Address:	
MGR" = Manag	ег		
AMBR		Savannah I., Andrews	
	 	16704 Tobacco Rd	
		Lutz, FL 33558	
			
	- ·		
			
Use attachment i	f necessary)		
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