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-	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

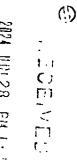
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
For any issues please contact
Cheyanne Davis

Date:06/28/2024	Cheyanne Davis (850) 202-1882
Name: Cheyanne Davis	
Reference #: 2416448	
Entity Name: TI BUILDERS FL L	LC
Articles of Incorporation/Authorization to Transact EAmendmentChange of Agent	024 JUL -1
☐ Reinstatement ☐ Conversion	E. F. W. 19. 14. 2
☐ Merger☐ Dissolution/Withdrawal	
☐ Fictitious Name ☐ Other	
Authorized Amount: \$70.00 Signature:	

F: 800.944.6607

ARTICLES OF ORGANIZATION OF TI BUILDERS FL LLC

ARTICLE I: NAME

The name of the limited liability company is TI Builders FL LLC (the "LLC").

ARTICLE II: ADDRESS

The street and mailing address of the principal office of the LLC is 11273 Callaway Greens Drive. Fort Myers, FL 33913.

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the initial registered agent of the LLC are:

Lisa Crews

11273 Callaway Greens Drive, Fort Myers, FL 33913.

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in these Articles of Organizations 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 of the Florida Statutes.

By: Usa Crus

Name: Lisa Crews
Title: Authorized Officer

[Signature Page Follows]

In accordance with Section 605.0203(1)(b) of the Florida Revised Limited Liability Company Act, 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 Florida Department of State constitutes a third-degree felony as provided for in Section 817.155 of the Florida Statutes.

DocuSigned by:

Name: Michael J. Cimorelli Title: Authorized Officer

2024 JUL - J. M. 9: L. S. M. E. F.L.

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[Signature Page to Articles of Organization]