

## Florida Department of State

Division of Corporations

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FLORIDA LIMITED LIABILITY CO.  
TI LABS LLC

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**ARTICLES OF ORGANIZATION**  
**FOR FLORIDA LIMITED LIABILITY COMPANY**  
**OF**  
**TI LABS LLC**

**ARTICLE I - NAME AND MAILING ADDRESS**

The name of the Limited Liability Company is TI LABS LLC, and its principal office and mailing address is 12020 5<sup>th</sup> Street East, Treasure Island, Florida 33706.

**ARTICLE II - REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT'S SIGNATURE**

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

Gary W. Lyons, Esquire  
1659 Achieva Way, #128  
Dunedin, Florida 34698

*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.*

Gary W. Lyons

GARY W. LYONS, Registered  
Agent

**ARTICLE III - MANAGEMENT**

This Limited Liability Company is to be managed by managers and is, therefore, a manager - managed Company. The initial Managers shall be Michael A. Vasquez, 12020 5<sup>th</sup> Street East, Treasure Island, Florida 33706 and Jeffrey S. Hamel, 12020 5<sup>th</sup> Street East, Treasure Island, Florida 33706. Either one of the Managers shall be authorized to sign and bind the Company in all Company matters.

Prepared By:  
McFarland, Gould, Lyons,  
Sullivan & Hogan, P.A.  
Gary W. Lyons, Esq.  
FBN: 0268186  
1659 Achieva Way, #128  
Dunedin, Florida 34698  
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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization for a Florida Limited Liability Company this 18th day of September, 2024.

*Michael Vasquez*

**MICHAEL A. VASQUEZ**

Title: Authorized Manager

*Jeffrey S. Hamel*

**JEFFREY S. HAMEL**

Title: Authorized Manager

*(In accordance with section 605.0203 (1)(b), Florida Statutes, 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 Department of State constitutes a third degree felony as provided for in section 817.155, F.S.)*

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