

# L00000000 8855

## TRANSMITTAL LETTER

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\*\*\*\*125.00 \*\*\*\*125.00

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Clifford D. Taylor, LLC  
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30. Please send one check for the total amount made payable to the Florida Department of State.

FROM: Clifford D. Taylor  
Name (Printed or typed)  
2120 NW 103 Ave.  
Address  
Pembroke Pines, FL 33026  
City, State & Zip  
954-433-3278  
Daytime Telephone number

FILED  
00 JUL 17 AM 8:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

*Clifford D. Taylor, LLC***ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

*2120 NW 103 Ave, Pembroke Pines, FL 33026***ARTICLE III - Registered Agent**

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

*2120 NW 103 Ave, Pembroke Pines, FL 33026***ARTICLE IV - Management:**

(Check the appropriate box)

- ☐ The Limited Liability Company is to be a manager-managed company.  
☒ The Limited Liability Company is to be managed by the members.

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 TALLAHASSEE, FLORIDA

*Clifford D. Taylor*  
 \_\_\_\_\_  
 Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

*Clifford D. Taylor*  
 \_\_\_\_\_  
 Typed or printed name of signee

Filing Fee: \$100.00 for Articles

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Clifford D. Taylor, LLC

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

Clifford D. Taylor

NAME

2120 NW 103 Ave, Perm

Florida street address (P.O. Box NOT ACCEPTABLE)

Pembroke Pines, FL 33026

CITY, STATE AND ZIP

*Having been named as registered agent and to accept service of process for the above stated ;limited l;iability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Clifford D. Taylor

SIGNATURE

**Filing Fee: \$25 for Designation of Registered Agent**

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 TALAHASSEE, FLORIDA