

L03 0000 42482

(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:

Office Use Only

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10/31/03--01031--006 **125.00

TALLAHASSEE, FLORIDA

03 OCT 31 AM 11:18

FILED

MICHELLE R. ZIEGENBEIN

992 St. Croix Avenue

Apopka, FL 32703

(407) 898-2251

October 26, 2003

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RECEIVED
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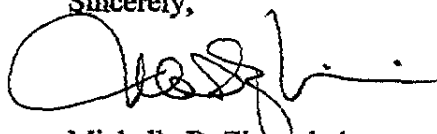
RE: Filing the Articles of Organization for a new Florida Limited Liability Company

To Whom It May Concern:

I have attached the Articles of Organization (found on your website) to form the new Florida Limited Liability Company of "TAZ Services, LLC". I have also attached a check for \$125 for the Filing Fee and Designation of Registered Agent.

Thank you in advance for your prompt attention to this matter. If you require any additional information please call me at (407) 898-2251 or (407) 595-7630.

Sincerely,



Michelle R. Ziegenbein

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

TAZ Services, LLC

ARTICLE II - Address:

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

Principal Office Address:

992 St. Croix Avenue

Apopka, FL 32703

Mailing Address:

992 St Croix Avenue

Apopka, FL 32703

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Michelle R. Ziegenbein

Name

992 St. Croix Avenue

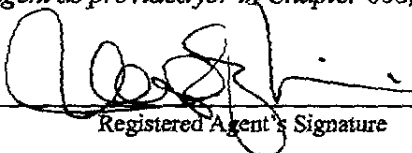
Florida street address (P.O. Box **NOT** acceptable)

Apopka, 32703

FLORIDA

City, State, and Zip

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 608, Florida Statutes..



Registered Agent's Signature

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Michelle R. Ziegenbein

992 St. Croix Avenue

Apopka, FL 32703

MGRM

Paula M. Taylor

250 Broadmoor

Lake Mary, FL 32746

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

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

Michelle R. Ziegenbein

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)