

L03000056869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

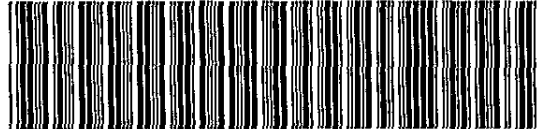
(Business Entity Name)

(Document Number)

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12/31/03--01003--001 **125.00

EFFECTIVE DATE

01/01/04

RECEIVED
03 DEC 30 PM 3:39
DIVISION OF CORPORATION

FILED
03 DEC 30 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN DEC 30 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Steve Taylor Construction LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steve D. Taylor
(Name of Person)

Steve Taylor Construction
(Firm/Company)

24647 NE CR 69A
(Address)

Altha, FL 32421
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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03 DEC 30 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
01/21/04

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Steve Taylor construction LLC

ARTICLE II - Address:

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

Principal Office Address:

24647 NE CR 69A
Altma, FL 32421

Mailing Address:

24647 NE CR 69A Altma FL 32421

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

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

Steve Taylor
Name
24647 NE CR 69A
Florida street address (P.O. Box NOT acceptable)
Altma FL 32421
City, State, and Zip

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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, F.S..

Steve Taylor
Registered Agent's Signature

EFFECTIVE DATE

(CONTINUED)

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

STEVE TAYLOR
24647 NE CRL 9A APT 1112, FL.
32421

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03 DEC 30 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Effective Date shall be 1-1-01

Steve 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 document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Steve Taylor
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)