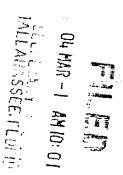
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(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone i	#)
PICK-UP	☐ WAIT	MAIL MAIL
(Ви	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	
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## TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations
SUBJE	SCT. JACK Taylor "L.L.C."
	(Name of Limited Liability Company)
The en	closed Articles of Organization and fee(s) are submitted for filing.
	Please return all correspondence concerning this matter to the following:
	Jack Taylor FF 2 (Name of Person)
	(Name of Person)
	Jack Taylor
	(Firm/Company)
	1362 Bridle brook Dr SS E
	(Address)
	Casselberry Fla 32707
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
ſ	TOICK Taylor 407. 695-6817

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

(Name of Person)

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

(Area Code & Daytime Telephone Number)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:	11	
JACK Taylor "L	.L.C.	
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	TACH O
1362 Bridle brook DR	SAME	A H
CASSelberry FC, 32707		SSE
		no Bin
		DF 10
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the register		Signature:
JACK Taylor	٤	
Name	****	* <del>.</del>
1362 BridleD		
Florida street address (P.O. Box 1	NOT acceptable)	
CASS albert Fi	LORIDA 32707	
		7 7 . 7 7 7 7 4 7 . 7 . 7 . 7 . 7 . 7 .
g been named as registered agent and to accept service of	process for the above state	ea umited liability

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

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):		
The name and address of ea	ach Manager or Managing Member is as follows:	
Title:	Name and Address:	

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	JACK TAYLOR 1362 Bridlebrook DR CASSELBERTY, FL, 32707
	D4 MAR I
(Use attachment if necessary)	
(Ose attachment it necessary)	

**N** 

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.)

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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)

\$160.00