# L040000aa1a5

(Requestor's Name)
(Address)
(0.1/)
(Address)
(City/State/Zip/Phone #)
1.7
☐ PICK-UP WAIT ☐ MAIL
1
(Business Entity Name)
, , ,
(Document Number)
Certified Copies *Certificates of Status
Special Instructions to Filing Officer:
and the same of th
X 0 2 11 1
- m - M
D00
Office Use Only
3 liyer
cknowledgement Do /
W. P. Verifyer Dub



000030841910

03/23/04--01055--014 \*\*125.00

DIVISION OF CORPORATION

RECRETARY OF STATE RECRETARY OF STATE OR MAN-ZYAR AA2 2P 12: 32

O4 MAR 23 PH 2 29
DIVISION OF CORPORATION

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: HIKE Trylon (Name of	Construction, LLC Limited Liability Company)	_
The enclosed Articles of Organization and fee(s)  Please return all correspondence concerning this a	-	
Michael E. Taylo (Name of Person)	, <u>.</u>	
(Firm/Company)		D4 MAF
6382 SHANY LANE (Address)		04 MAR 23 PM 2: 32
Talenthisse Fl (City/State and Zip Code	32309	32
For further information concerning this matter, pl	lease call:	
(Name of Person)	at (B50) 59/. 293 / (Area Code & Daytime Telephone Number)	_
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32314

Tallahassee, Florida 32399

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

MIKE TAGLOR CONSTAUCTION LLC

#### ARTICLE II - Address:

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

#### Principal Office Address:

M	ailin	σΑι	ddi	reec.
171	amu	צתו	uu.	C33.

638z	SHADY	LANK	•	6382	54404	LANE	
TAUMH	ASSEE	PC	32309	TAUA	unsser	FL	32309

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

The name and the F	lorida street address of the registered agent are:  MICHAEL E. TAILOR  6382 SHAON LAIF	0t #	SECR
-	Name	MAR 23	FILE
-	Florida street address (P.O. Box NOT acceptable)	PH 2:	프유터
-	TOURHASSEE FL 32309	32	
	City, State, and Zip		<b>≫</b>

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..

Registered Agent's Signature

(CONTINUED)

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

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

MICHAEL E. TAYLOR  6387 SHADY LAWE  TAMAHASSEF FC 32309	
	3
	OF MAR
	04 MAR 23 PM 2: 32

Signature of a member of 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.)

Michael E Tarlon

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)