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(City/State/Zip/Phone #)

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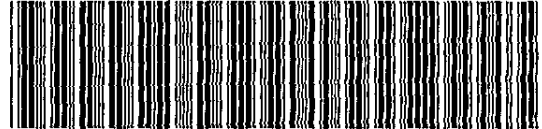
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## **TRANSMITTAL LETTER**

**TO:** Registration Section  
Registration Section  
Division of Corporations  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Authenti-Check, LLC.

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

**Michael K. Taylor**  
(Name of Person)  
**Authenti-Check, LLC.**  
(Firm/Company)  
**P.O. Box 8021**  
(Address)  
**Fleming Island, FL 32006**  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Michael K. Taylor**  
(Name of Person)  
**1390 Brookgreen Way**  
(Street Address)  
**Fleming Island, FL 32003**  
(City, State, Zip)  
**(904) 753-2068**  
(Telephone Number)

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

**ARTICLE I  
Name**

The name of the Limited Liability Company is: Authenti-Check, LLC.

**ARTICLE II  
Address**

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

**Principal Office Address:**

Authenti-Check, LLC.  
P.O. Box 8021  
Fleming Island, Florida 32006

**Mailing Address:**

Authenti-Check, LLC.  
P.O. Box 8021  
Fleming Island, Florida 32006

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CLERK OF THE COURT  
JUDICIAL CIRCUIT IN AND FOR  
FLORIDA  
NORTH DISTRICT

**ARTICLE III  
Registered Agent, Registered Office, & Registered Agent's Signature**

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

Michael K. Taylor  
1390 Brookgreen Way  
Fleming Island, FL 32003

*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.*

  
\_\_\_\_\_  
Michael K. Taylor, Registered Agent

**(CONTINUED)**

**ARTICLE IV**  
**Manager(s) or Managing Member(s)**

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

**Michael K. Taylor, Manager**

P.O. Box 8021  
Fleming Island, FL 32006

**Bruce T. Nill, Managing Member**

P.O. Box 8021  
Fleming Island, FL 32006

**Jerry K. Taylor, Managing Manager**

P.O. Box 8021  
Fleming Island, FL 32006

**Thomas E. Grant, Managing Member**

P.O. Box 8021  
Fleming Island, FL 32006

**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.)

  
\_\_\_\_\_  
Michael K. Taylor, Authorized Representative

**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)**