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**TRANSMITTAL LETTER**

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
(850) 245-6051

SUBJECT: Taylor & Associates, LLC  
(PROPOSED LLC NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and (2) copies of the Articles of Organization and a check for:

☐ \$125.00      ☐ \$130.00  
Filing Fee      Filing Fee  
                    & Certificate of Status

☒ \$155.00  
Filing Fee  
& Certified Copy

☐ \$160.00  
Filing Fee  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Jenny Jirousek  
Name (Printed or typed)

7850 Morro Avenue  
Address

Sparks, NV 89436  
City, State & Zip

877 446 2677 (toll free)  
Daytime Phone Number

**NOTE:** Please provide the original and one copy of the articles.

**COMMENTS:**

Request your assistance please: I have enclosed a printed pre-paid UPS 2-Day envelope to return the filed Articles and Certified Copy to the above. If there are any questions, please call the toll free number listed.

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

**ARTICLE I**

The name of the Limited Liability Company is:

**Taylor & Associates, LLC**

**ARTICLE II**

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

**Principal Office Address:**

**3235 Clearview Way, Suite 200  
Buffalo, NY 14219**

**Mailing Address:**

**SAME**

**ARTICLE III**

The name and the Florida street address of the Registered Agent is:

**Brian Smith, Incorporate-US.com, Inc., 1350 E-4 East Tennessee Street, Tallahassee, FL 32308.**

**ARTICLE IV**

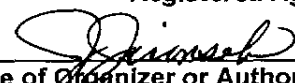
The Limited Liability Company is to be managed by one manager or more managing **Members**; the name and address of the managing Member(s) is as follows:

**Member - James Bernardoni, Jr., 3235 Clearview Way, Suite 200, Buffalo, NY 14219.**

**Registered Agent Acceptance**

*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 Signature**

  
\_\_\_\_\_  
**Signature of Organizer or Authorized Representative of a Member**

Jenny Jirousek, Authorized Representative  
(Typed or printed name of Member or Authorized Agent)

*(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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