

L04000050795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

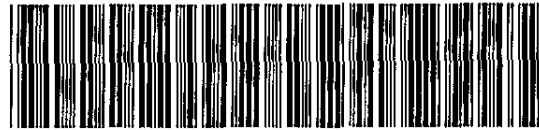
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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07/09/04--01003--004 \*\*155.00

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04 JUL -8 PM 4:03  
DIVISION OF CORRUPTION

SECRET  
TALLAHASSEE  
04 JUL -8 PM 4:07

BK

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TAYLOR INVESTMENTS, LLC  
(Name of Limited Liability Company)

04 JUL -8 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

HUGH LILLIOTT  
(Name of Person)

TAYLOR INVESTMENTS, LLC  
(Firm/Company)

23900 MANDALAY RD.  
(Address)

LAMONT, FLORIDA 32336  
(City/State and Zip Code)

For further information concerning this matter, please call:

HUGH LILLIOTT at (850) 584-9094  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|---|

**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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TAYLOR INVESTMENTS, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

23900 MANDALAY Rd.  
LAMONT, FLORIDA 32336

SAME

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

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

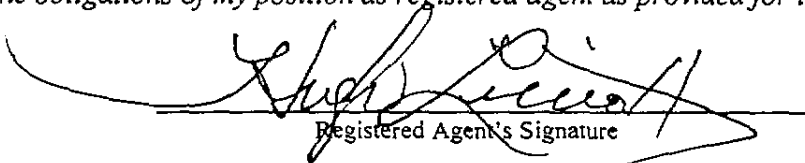
HUGH LILLIOTT  
Name

23900 MANDALAY Rd.  
Florida street address (P.O. Box NOT acceptable)

LAMONT FL. 32336  
City, State, and Zip

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 JUL -8 PM 4:07

*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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Hugh Lillioff  
23900 MANDALAY Rd.  
LAMONT, FL. 32336

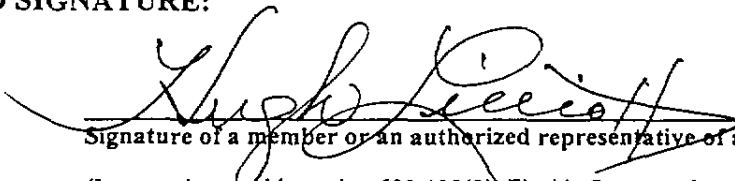
MGRM

DEBBIE LILLIOTT  
23900 MANDALAY Rd.  
LAMONT, FL. 32336

(Use attachment if necessary)

**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.)

HUGH LILLIOTT  
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)