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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	<u></u>
(Ci	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations						
SUBJECT: TAYLORS CO) STOM	Stucco	LLC			
(Name of Li	inned Liabiny Co	ompany)				
The enclosed Articles of Organization and fee(s)	are submitted for	filing.		•		
Please return all correspo	ondence concernin	g this matter to the fol	llowing:			
MARCUS	TAYL	OR		-		
	(Name of Person	n)				
TAYLOR'S C	(Firm/Company	STUCCO	,uc			
10630 WHITE		,				
	(Address)				_	
YOUNGSTOW			, 			
	(City/State and Zip (Code)				
For further information concerning this matter, ple	ease call:					
MARCUS TAYLOR	at(85	Code & Daytime Telepho	804			
(Name of Person)	(Area C	Code & Daytime Telepho	one Number)	图	$ \oplus $	
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STREET ADDRESS:		MAILING ADDI		Ď.	91 :5 He	
Registration Section Division of Corporations		Registration Section Division of Corporate Cor				

P.O. Box 6327

Tallahassee, Florida 32314

409 E. Gaines Street

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	nanty is:
TAYLOR'S CUSTON	·
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10630 WHITE RD	10630 WHITE RD
YOUNGSTOWN FC 3	2466 YOUNGSTOWN FL 32466
ARTICLE III - Registered Agent, Reg The name and the Florida street address	gistered Office, & Registered Agent's Signature: of the registered agent are:
	Name
	WHITE RA
Youngston	ress (P.O. Box NOT acceptable) FLORIDA 32444 State, and Zip

Marcin Jahre
Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	MARCUS TAYLOR 10630 WHITE RD YOUNGSTOWN FL 3246
(Use attachment if necessary)	

NOTE: An additional article must be added if an effective date is requested.

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

Typed or printed name of signee

that the facts stated herein are true.)

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

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

Filing Fees:

7

\$100.00 Filing Fee for Articles of Organization

REQUIRED SIGNATURE:

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)