Uble 0000 13803

(Re	equestor's Name)	
(Ac	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE -8 AM 9: LLAHASSEF, MARSHA-8 AM 9:

06-13803

COVER LETTER

TO: Registration Se Division of Co					
SUBJECT: R	hert Taylor (Name of Limited	LLC d Liability Company)			
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
\mathbb{R}	obert Taylor			<u> </u>	
	• 0	Name of Person)			
•	Robert Taylor	LLC			
- ,, ,,	(Firm'Company)			•
•	77 Dieke vil	24. 7.4			
	7 Dickson	(Address)	₹«	— 2	
۵		32346		2006 FEB -8 AM 9: 34	
		State and Zip Code)	III AA	<u>– ස</u>	
	(47)		SSE	<u> </u>	FILED
For further information	concerning this matter, please	call:	F. FLORIDA	₹ 3	
2		An carl		ý <u>9</u>	
Kobert (Name	TAYLOT c of Person)	at (<u>850</u>) <u>984</u> - (Area Code & Daytime T	elephone Number)	_π ω	
Enclosed is a check for	or the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fe Certificate of Status & Certified Copy (additional copy is enclose	ž.	
	Mailing Address Registration Section	Street/Courier Address Registration Section	<u>ss</u>		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
Robert Taylor	.LLC
(Must end with the words "Limited Liability Company, "L	Limited Company" or their abbreviation "LLC," or "L.C")
ARTICLE II - Address:	
The mailing address and street address of th	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
87 Dickson Bay Rd. PANACEA Fl. 32346	PANACEA FI. 32346 Served Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or mother FLORITE STATE he registered agent are:
The name and the Florida street address of t	he registered agent are:
Robert	TAylor
Na	ame
_ 87 Dickson	N BAY Rd.
Florida stree	t address (P.O. Box <u>NOT</u> acceptable)
PANACE	A FL 32346
City, Sta	ate, and Zip
liability company at the place designated registered agent and agree to act in this cape	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all
	te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Senature (REQUIRED)

Title: "MGR" = Man "MGRM" = M	ager anaging Member	Name and Address:	-
MGRM		Robert Taylor 87 Dickson Bay Ro PANACEA Fl. 32346	SECRE IAF
			RY OF STATE SEE, FLORIG
	nt if necessary)		
CLE V: Effective	e date, if other than the	e date of filing: de specific and cannot be more than five	, (OPTIONAL)
CLE V: Effective date is 90 days after the	e date, if other than the	e date of filing: te specific and cannot be more than five	, (OPTIONAL)
CLE V: Effective date is 90 days after the	e date, if other than the listed, the date must be date of filing.)	e date of filing: The specific and cannot be more than five	
CLE V: Effective date is 90 days after the	ve date, if other than the listed, the date must he date of filing.) SIGNATURE:	e date of filing: The specific and cannot be more than five the specific and cannot be more than five the specific and cannot be more than five	e business days p
CLE V: Effective date is 90 days after the	ve date, if other than the listed, the date must he date of filing.) SIGNATURE: Signature of a memb	er or an authorized representative of a memberation 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjudy	e business days p

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)