LU6000017303

(Requestor's Name)	
(Address)	
(Address)	
(1	City/State/Zip/Phone #}	
PICK-UP	WAIT MAIL	
(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Walk-In

Will Pick Up

Coco, Philip, Taylor, LL	SECRETARION SEE FLORIDA
	Art of Inc. FileLTD Partnership File
	Foreign Corp. File L.C. File Fictitious Name File
	Trade/Service Mark Merger File Art. of Amend. File
	RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement
	Cert. CopyPhoto Copy
	Certificate of Good Standing Certificate of Status Certificate of Fictitious Name
	Corp Record Search Officer Search Fictitious Search
Signature	Fictitious Owner Search Vehicle Search Driving Penerd
Requested by: $\frac{2/16}{\text{Name}} = \frac{2.00}{\text{Date}}$	Driving Record UCC 1 or 3 File UCC 11 Search
	UCC 11 Retrieval

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
COCO, PHILIP, TAYLOR 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:
MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
GREGORY TAYLOR
Name .
1200 West Avenue #416
Florida street address (P.O. Box NOT acceptable)
MIAMI BEACHEL 33139
City, State, and Zip

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..

(CONTINUED)

Page 1 of 2

والمراجعة المحاور المح	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	GREGORY TAYLOR
	GREGORY TAYLOR 1200 WEST AVENUE *4 MIAMI BEACH, FL 33139
(Use attachment if necessary)	
NOTE: An additional article m	ust be added if an effective date is requested.
REQUIRED SIGNATURE:	
	mber of an authorized representative of a member.
of this document of	h section 608,408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ted herein are true.)
Avi	J. LITWIN, ESC. Typed or printed name of signee

Filing Pees:

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