## 66000041151

(Requestor's Name)			
(Address)			
(Address)			
,			
(City/State/Zip/Phone #)			
(Oity/Otale/Zip/, Holie #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
,			
Certified Copies Certificates of Status			
Ocidinates of Status			
Special Instructions to Filing Officer:			

Office Use Only



200071544692

05/01/06--01050--011 \*\*155.00

TILEU
2006 MAY -1 PM 2: 54
SECRETARSEE. FLORIDA

106-4751

EFFECTIVE DATE

## **COVER LETTER**

TO: Registration Division of C			
SUBJECT: Ta	ylored Property Manag	gement, LLC	
	(Name of Limite	ed Liability Company)	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this matt	er to the following:	
	Robert Taylor		
		(Name of Person)	
	Taylored Prop	perty Management, L	LC
		(Firm/Company)	
	10650 Chadw	ell Ct	
		(Address)	
	Great Falls, \	/a. 22066	
	(City	/State and Zip Code)	TASE DO
For further information	n concerning this matter, please	cali:	SECRETARY OF STATE ALLAHASSEE, FLORI
Robert Ta	ylor	at (703 622-702	7 E P
•	ne of Person)  for the following amount:	(Area Code & Daytime T	elephone Number) FLS 120 120 120 120 120 120 120 120 120 120
	: S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Taylored Property Management, LLC	
Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
777 East Atlantic Avenue Suite C2-358	777 East Atlantic Avenue Suite C2-358
Deiray Beach, Fla 33483	Delray Beach, Fla 33483
ARTICLE III - Registered Agent, Registered of The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the re-  Robert Taylor  Name  777 E. Atlantic	red Agent. You must designate an individual or with the
Florida street addr	ess (P.O. Box NOT acceptable)
Delray Beach,	FL 33483
City, State, an	d Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and terest agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

42706

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Robert Taylor 777 E. Atlantic Ave. Suite C2-358	
Alexander (1994)	Delray Beach, Fla 33483	
MGRM	Eleni Taylor 777 E. Atlantic Ave. Suite C2-358	
	Delray Beach, Fla 33483	
	73.5	2006
(Use attachment if necessary)	AHAA	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must b to or 90 days after the date of filing.)	e date of filing: April 27, 2006 (OPI) e specific and cannot be more than five business	NAL)
	ORIC	1 5 E
REQUIRED SIGNATURE:	An All:	
	11 TANT	
_ /	er or an authorized representative of a member.	
(In accordance with se of this document const that the facts stated I	ction 606,408(3), Florida Statutes, the execution citutes an affirmation under the penalties of perjury herein are true.)	
	ert Taylor	
Ту	ped or printed name of signee	
Filing Fees;		

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