## 100000083679

(Re	questor's Name)	~
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Registration Solution of Co			
<sub>SUBJECT:</sub> Taylor	Stucco LLC		
		d Liability Company)	
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	oondence concerning this matte	er to the following:	
Jessie L Ta	aylor		
	(	Name of Person)	
Taylor Stud	cco LLC		
	(	Firm/Company)	
37405 Ha	rper Dr		
<u></u>		(Address)	,
Zephyrhill	s, Florida 33541		
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Jessie L Taylor		at (813 ) 434-755	
(Name	e of Person)	(Area Code & Daytime Te	elephone Number)
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 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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	Fig. 1. The graduate of the second se
The name of the Limited Liab	ty Company is:
Taylor Stuppe LLC	
Taylor Stucco LLC (Must end with the words "Limited Liah	ty Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and stree	address of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
37405 Harper Dr	37405 Harper Dr
Zephyrhills, FL 33541	Zephyrhills, FL 33541
(The Limited Liability Company canno business entity with an active Florida I	ent, Registered Office, & Registered Agent's Signature: erve as its own Registered Agent. You must designate an individual or another istration.)  address of the registered agent are:
Jessie L T	
	Name
37405 Ha	er Dr
	Florida street address (P.O. Box NOT acceptable)
Zephyrhills	FL 33541
	City, State, and Zip
0	red agent and to accept service of process for the above stated limited be designated in this certificate, I hereby accept the appointment as

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 (REQUIRED)

(CONTINUED) Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Me	Name and Address: ember
MGRM	Jessie L Taylor
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary	
CLE V: Effective date, if ot effective date is listed, the c	ary) ther than the date of filing: (OPTION date must be specific and cannot be more than five business date
CLE V: Effective date, if ot effective date is listed, the c	ary) ther than the date of filing: (OPTION date must be specific and cannot be more than five business dang.)
CLE V: Effective date, if ot fective date is listed, the condition of the date of filing the date of the date	ary) ther than the date of filing: (OPTION date must be specific and cannot be more than five business dang.)
CLE V: Effective date, if of effective date is listed, the condition of this description of this decrease in the date of the	ary) ther than the date of filing: (OPTION date must be specific and cannot be more than five business dang.)  RE:

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)