# L07000030464

(Re	equestor's Name)	
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



700093686177

03/19/07--01019--019 \*\*155.00

O7 MAR 19 AN 9: 01
SECRETARY OF STATE

wh

## TAYLORED RESTORATIONS 238 Royal Cove Way Davie, Florida 33325

#### TRANSMITTAL LETTER

March 13, 2007

Department of State State of Florida Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Registration/Incorporation of: TAYLORED RESTORATIONS

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

X \$125.00 Filing Fee **X** \$30.00

Certified Copy

TOTAL: \$155.00

\$70.00

\$78.75

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate of

Status

**ADDITIONAL COPY REQUIRED** 

Please return all correspondence concerning this matter to:

TAYLORED RESTORATIONS 238 Royal Cove Way Davie, Florida 33325

Encl:

Original Articles of Organization

Copy- Articles of Organization

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY TAYLORED RESTORATIONS, LLC

WE, THE UNDERSIGNED, desiring to form a Limited Liability Company under the laws of the State of Florida, providing for the formation, liabilities, rights, privileges, and immunities of Limited Liability Company's, DO HEREBY CERTIFY AS FOLLOWS:

#### ARTICLE - I - NAME OF LIMITED LIABILITY COMPANY

The name of the limited liability company shall be TAYLORED RESTORATIONS, LLC

#### ARTICLE - II - PRINCIPAL PLACE OF BUSINESS

The principal place of business of this LLC and the street address of the office of the Limited Liability Company shall be 7721 Grasmere Drive, Land O Lakes, Florida 34637, with the privilege of transferring locations or having branch offices at other places within or without the State of Florida, and within or without the United States of America.

#### **ARTICLE III – PURPOSE OF BUSINESS**

The purpose of business of this Limited Liability Company shall be as follows: The limited liability company may engage in any activity or business permitted under the laws of the United States and the State of Florida, including but not limited to the acquisition, purchase, resale and renovation of residential and commercial real property within the State of Florida, any other state, or any other country permissible by Federal law as well as the performance of such other related activities incidental to the general purpose of this Limited Liability Company, and to generally do any and all things necessary, pertinent, or convenient to the powers herein and hereby conferred.

#### ARTICLE IV -MEMBERS

The limited liability company shall be Member Managed. The names and post office address of each Member is as follows:

Managing Member

JONATHAN CODDAIRE

283 Royal Cove Way Davie, Florida 33325

Managing Member

WALTER M. JONES, JR.

7721 Grasmere Drive

Land O Lakes, Florida 34637

#### ARTICLE V – REGISTERED AGENT

The name and address of the initial registered agent of the Limited Liability Company shall be:

> JONATHAN CODDAIRE 283 Royal Cove Way Davie, Florida 33325

#### **ARTICLE VI – DATE OF COMMENCEMENT**

The date of commencement of corporate existence of this Limited Liability Company shall be the date the Articles of Organization are filed with the Florida Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 13 day of March, 2007

JONATHAN CODDAIRE

Registered Agent

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes and affirmation under the penalties of perjury that the facts herein are true)

STATE OF FLORIDA

COUNTY OF BROWARD

PERSONALLY APPEARED before me, the undersigned authority, duly qualified to administer oaths and take acknowledgements, JONATHAN CODDAIRE. to me known to be the person described in and who executed and subscribed to the foregoing Articles of Organization, and who acknowledged before me that he/she executed and subscribed to the same for the purpose herein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal at Broward County,

Florida, this 3 day of March, 2007

Notary Public

NOTARY PUBLIC-STATE OF FLORIDA Tracy J. Rosenholtz Commission # DD568255 Expires: AUG. 12, 2010

My Commission Expires:

#### STATE OF FLORIDA DEPARTMENT OF STATE

#### DESIGNATION OF REGISTERED AGENT

Certificate Designating Place of Business of Domicile for the Service of Process Within This State, Naming Agent Upon Whom Process May be Served and Names and Addresses of the Officers and Directors

The following is submitted in compliance with Chapter 48-091, Florida Statutes:

#### TAYLORED RESTORATIONS, LLC

A Limited Liability Company organized (or organizing) under the laws of the State of Florida, with its principal place of business at 7721 Grasmere Drive, Land O Lakes, Florida 34637 has named:

JONATHAN CODDAIRE 283 Royal Cove Way Davie, Florida 33325

as its agent to accept service of process within the State of Florida.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 13 day of March, 2007

JONATHAN CODDAIRE

Managing Member

31 (3 (67) Date

O7 MAR 19 AN 9: 0;
SECRETARY OF STATE
TALL AHASSEE FLORIDA

#### ACCEPTANCE OF REGISTERED AGENT: TAYLORED RESTORATIONS, LLC

I, JONATHAN CODDAIRE. 7721 Grasmere Drive, Land O Lakes, Florida 34637 having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated by this certificate, I hereby accept 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 by Chapter 608, F.S.

all a	3/13/07
JONATHAN CODDAIRE	Date
Registered Agent	
STATE OF FLORIDA )	•

COUNTY OF BROWARD

PERSONALLY APPEARED before me, the undersigned authority, duly qualified to administer oaths and take acknowledgements, JONATHAN CODDAIRE. to me known to be the person described in and who executed and subscribed to the foregoing Acceptance of Registered Agent, and who acknowledged before me that that he/she executed and subscribed to the same for the purpose herein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal at Broward County, Florida this \3 day of March, 2007.

Notary Public

My Commission Expires:

NOTARY PUBLIC-STATE OF FLORIDA Tracy J. Rosenholtz Commission # DD568255 Expires: AUG. 12, 2010 BONDED THRU ATLANTIC BONDING CO., INC.