

Division of Corporations

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Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 617-6383

**From:**

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

07 OCT 12 AM 10:35

SECRET  
DIVISION OF CORPORATIONS**FLORIDA/FOREIGN LIMITED LIABILITY CO.****Taylor & Geneva Professional Services L.L.C**

Certificate of Status	0
Certified Copy	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

Taylor & Geneva Professional Services L.L.C

**ARTICLE II ADDRESS**

The street address of the principal office of the Limited Liability Company is:

1840 NW 83 Terrace

Miami Florida 33147

And the mailing address is:

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

Farrah Salomon

1840 NW 83 Terrace

Miami Florida 33147

Having been named as registered agent 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..



Farrah Salomon Registered Agent's Signature

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DIVISION 1  
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**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member-Managed Company.

**ARTICLE V MEMBERS (optional)**

**MANAGING MEMBER**

Farrah Salomon  
1840 NW 83 Terrace  
Miami Florida 33147

**MANAGING MEMBER**

Taylor Jared  
1840 NW 83 Terrace  
Miami Florida 33147

x Farrah Salomon

Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

NAME OF SIGNER Farrah Salomon  
Typed or printed name of signee

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