## L0800021195

•	
(F	Requestor's Name)
(/	Address)
·	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



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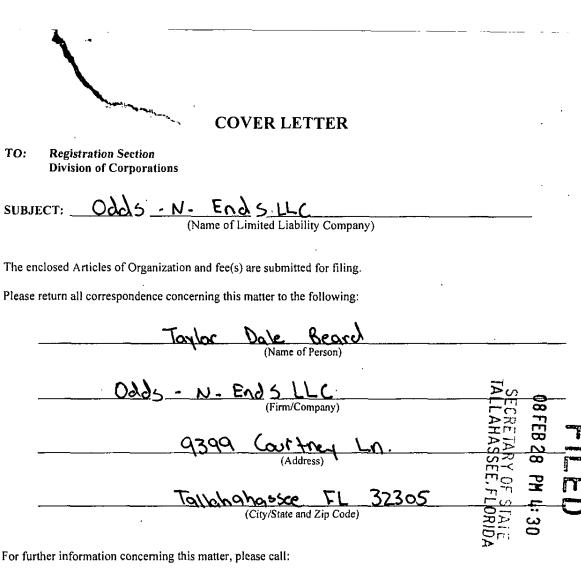
RECEIVED

08 FEB 28 PH 4: 12

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FILED 08 FEB 28 PH 4: 30 SECRETARY OF STATE PALLAHASSEE, FLORID



(Area Code & Daytime Telephone Number) (Name of Person)

Enclosed is a check for the following amount:

TO:

□\$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 Address

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")  ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
9399 Courtney Ln Tall. FL 32305		
d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another		
registered agent are:		
- Beard		
dress (P.O. Box NOT acceptable)  FL 32305  and Zip  ART RE		
accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S		

(CONTINUED) Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Taylor loke beard 9399 (antrey Ln. Tall. FL 32305
	SECR
•	EB 28 PH 4: ETARY OF BT
(Use attachment if necessary)	30 RIDA
LEV: Effective date, if other than the	e date of filing: (OPTION e specific and cannot be more than five business d
days after the date of filing.)	
days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member	er or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution

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)

Filing Fees: