

Division of Corporations

**LD8000051484**  
*2nd Request*

Florida Department of State  
Division of Corporations  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**TAY GAINES, LLC**

Certificate of Status	0
Certified Copy	1
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5/19/2008

**EXAMINER**

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

**ARTICLE I - NAME OF LIMITED LIABILITY COMPANY:**

The name of the Limited Liability Company is:

Tax Gaines, LLC

**ARTICLE II - ADDRESS:**

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

Principal Office Address:

Mailing Address:

1914 37<sup>th</sup> Street  
West Palm Beach, Florida 33407

1914 37<sup>th</sup> Street  
West Palm Beach, Florida 33407

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:**

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

Debra Robinson, MD

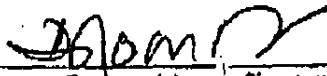
1914 37<sup>th</sup> Street

Florida street address (PO Box NOT accepted)

West Palm Beach, Florida 33407

City, State and Zip

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, FRS.



Registered Agent's Signature

(CONT. NUED)

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**ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S)**

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager  
"MGRM" = Managing Member

MGR

Tav Gaines  
1914 37<sup>th</sup> Street  
West Palm Beach, Florida 33407

MGRM

Debra Robinson, MD  
1914 37<sup>th</sup> Street  
West Palm Beach, FL 33407

**ARTICLE V - EFFECTIVE DATE**

The effective date of the Limited Liability Company is 5/19/08.

**REQUIRED SIGNATURE:**

Tav B. Gaines  
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.)

TAV B. GAINES  
Typed or printed name of signer