## 211000069793

(Re	equestor's Name)
(Ac	ddress)
(Ad	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bi	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	A. LUNT JUN 1 5 2010
	EXAMINER



200208697622

06/13/11--01028--009 \*\*125.00



Office Use Only

## **COVER LETTER**

TO:

TO: Registration Section Division of Corporations							
SUBJECT: J.N. Taylor & C	O., LLC.						
	ame of Limited Li	ability Comp	any		•	-	
The enclosed Articles of Organization a	nd fee(s) are subm	nitted for filing	g.				
Please return all correspondence concer	ning this matter to	the following	<b>g</b> :				
Jacqueline Taylor							
		e of Person					
J.N. Taylor & CO.,	LLC.						
	Firm	п/Сотралу				<del></del>	
4621 N. Ocean Bo	ulevard	APT. C	1				
	4	Address			AEC SEC	2011	
Boynton Beach, Fl. 3	3435				AHA MAS	至	T
	City/Stat	te and Zip Code	<b>e</b>		SSE YRY	ü	F
jtaylor@revivemyspace					Ü.Ö	70	m
E-mail address	s: (to be used for fut matter, please call	_	ort notification	)	STATE	2	O
Jacqueline Taylor	at (	561	, 767-288	2 ·		,	
Name of Person	aı (		& Daytime To	elephone Numbe	r	-	
Enclosed is a check for the following	g amount:						
\$125.00 Filing Fee \$130.00 Fili Certificate	of Status	\$155,00 Filir Certified Co (additional cop	рy	S160.00 F Certificate Certified (additional	e of Sta Copy	atus &	
Mailing Add Registration S Division of C P.O. Box 633 Tallahassee,	ection forporations 7	Registrati Division Clifton B 2661 Exe	ourier Addre- ion Section of Corporation building ecutive Center see, FL 32301	ons r Circle			

ARTICLES OF ORGANIZATION FOR	FLORIDA LIMITED LIABILITY	COMPANY
	·	78E1
ARTICLE I - Name:		SS & T
The name of the Limited Liability Company	18:	CRETARY OF
		SS SS
J.N. Taylor & CO., LLC.		EE P
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	T-SI
ADDICEDO		ATE ORNO
ARTICLE II - Address:	minainal affice af the Limited Liebi	75
The mailing address and street address of the	principal office of the Limited Liabi	my Company is:
Principal Office Address:	Mailing Address:	
4621 N. Ocean Boulevard	4621 N. Ocean Boulevard	
Boynton Beach, FL. 33435	Boynton Beach, FL. 33435	<del></del>
		<del></del>
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)  The name and the Florida street address of the	,	
Jacqueline Taylor		
Nar	ne	
4621 N. Ocean	Boulevard Aft. 9	
Florida street	address (P.O. Box NOT acceptable)	
Boynton Beach	<sub>FI</sub> 33435	
City,	State, and Zip	
Having been named as registered agent and i liability company at the place designated i		
registered agent and agree to act in this capa		
statutes relating to the proper and complete		
accept the obligations of my position as re	gistered agent as provided for in Chap	oter 608, F.S
· · · · · · · ·	the arts	

Page 1 of 2

(CONTINUED)

## 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 Manager Jacqueline Taylor 4621 N. Ocean Boulevard Boynton Beach, FL. 33435 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Jacqueline Taylor

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee