

L13 000003615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

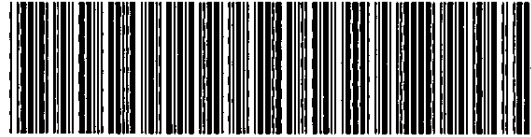
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2013 JAN - 7 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T. CLINE  
JAN - 8 2013  
EXAMINER

Christopher M. Vozella

9707 Osprey Landing Drive

Orlando, FL 32832

407-257-3138

January 2, 2013

Greetings,

Please consider the attached and completed forms and check for \$155.00 dollars to register an LLC in the make of Aurelia Taylor, LLC.

If there are any questions on the paperwork please contact me at the information listed above.

Sincerely,



Christopher M. Vozella

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Aurelia Taylor, LLC

(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:

**Principal Office Address:**

**Mailing Address:**

9707 Osprey Landing Drive  
Orlando, FL 32832

9707 Osprey Landing Drive  
Orlando, FL 32832

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

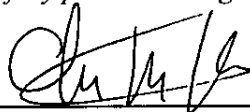
The name and the Florida street address of the registered agent are:

Christopher M Vozella  
Name

9707 Osprey Landing Drive, Orlando, FL 32832  
Florida street address (P.O. Box **NOT** acceptable)

Orlando, FL 32832  
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, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Alisha S.R. Vozella  
9707 Osprey Landing Drive  
Orlando, FL 32832

MGR

Christopher M. Vozella  
9707 Osprey Landing Drive  
Orlando, FL 32832

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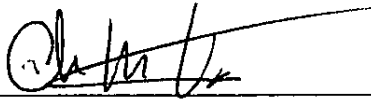
SECRETARY OF STATE  
TREASURER  
CLERK  
FLORIDA

(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.)

Christopher Michael Vozella

Typed or printed name of signee

**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)