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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)		
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Special Instructions to Filing Officer:		
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EFFECTIVE DATE 2 25/2017

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SEENE LAST OF STATE
ALL AHASSEE, FLORIDA

(850) 245-6051.

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT:	Tazzwell "LL Name of Limit	C `` ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this matt	er to the following:	EFFECTIVE DATE 2 25 2017
Dawn	D Scott	Name of Person	· · · · · · · · · · · · · · · · · · ·
Tazzu	vell "LLC"	Firm/Company	3FEB 2
	TUSCAN OAK DRIVE	Address	A STATE OF THE STA
<u>orland</u>	, FL , 32 \$39 Cit	y/State and Zip Code or future annual report notification)	8: 30 8: 30
bimme	E-mail address: (to be used	or future annual report notification)	<u> </u>
	n concerning this matter, please		
DAWN D	Switt e of Person	at (<u>40 7</u>) <u>851 -</u> Area Code & Daytime Tel	7501 ephone Number
Enclosed is a check	for the following amount:		
\$ \$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 Tallahangan El 22214	Street/Courier Addres Registration Section Division of Corporation Clifton Building	ns

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	EFFECTIVE DATE 2/25/2013
(Must end with the words "Limited Liabi	Tazzwell "LLC" lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is
Principal Office Address: DHWN D SCOTT SOYS TUSCAN OAK ORIVE	Mailing Address:
orlando, FC, 32839	6 Same Barrier
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the incompany cannot serve as its own Registration.	tered Agent. You must designate an individual or another
DAW _A Name	D Scott
	Can <u>oak Onive</u> dress (P.O. Box <u>NOT</u> acceptable)
Orbanlo City. St	FL 32839 late, and Zip
liability company at the place designated in registered agent and agree to act in this capac all statutes relating to the proper and comple	accept service of process for the above stated limited this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of te performance of my duties, and I am familiar with egistered agent as provided for in Chapter 608, F.S
Registered Agent's Signa	D Sz 77 ture (REQUIRED)
(CONTIN	IUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MG-RM	DANN D STOTT SOHS TUSCAN DAK DRIVE Orlando, FL, 32839
(Use attachment if necessary)	
(Use attachment if necessary) ICLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.)	he date of filing: <u>2/25/13</u> . (OPTIONAL) ist be specific and cannot be more than five business da
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.)

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)