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SECRETARY OF STATE
DIVISION OF CORPORATIONS

J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CCT: <u>Taylor Design, LLC</u> Name of Lir	nited Liability Company	
The end	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	R. G. Taylor	Name of Person	
	Taylor Design, LLC	Firm/Company	
	11922 Heather Woods Ct.		
		Address	
	Naples, FL 34120	City/State and Zip Code	
ta	ylordesign1@yahoo.com E-mail address: (to be use	ed for future annual report notifica	uion)
For fur	ther information concerning this matter, ple	ease call:	
<u>R. G.</u>	Taylor at (at (239) 919-3925 Area Code Daytime Te	lephone Number
		Area code Dayamo 10	
	ed is a check for the following amount:	_	
□ \$125.0	00 Filing Fee \$\Bigcup \text{\$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	Street/Courier Add	ress
	Registration Section Division of Corporations	Registration Section Division of Corporat	tions
		•	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 2, 2014

R.G. TAYLOR 11922 HEATHER WOODS CT NAPLES, FL 34120

SUBJECT: TAYLOR DESIGN, LLC Ref. Number: W14000021028

We have received your document for TAYLOR DESIGN, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 514A00007052

SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Taylor Design, 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 of	Tice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
11922 Heather Woods Ct. Naples, FL 34120	11922 Heather Woods Ct. Naples, FL 34120	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an individu	ual or
The name and the Florida street address of the registered	agent are:	
Taylor Design, LLD R. Name	G. Taylor	
11922 Heather Woods Ct. Florida street address (P.O. Box	NOT acceptable)	
<u>Naples</u> City	FL 34120 Zip	
Having been named as registered agent and to accept ser the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obl	t the appointment as registered agent and agree to of all statutes relating to the proper and complete p	act in this performance
Registered Agent's Signat		SECKETAR DIVISION OF C
Page 1 of 2		TARY OF STATE OF CORPORATIONS

Title:	Name and Address:
"AMBR" = Authorized N	Member
"MGR" = Manager AMBR	P. G. Toylor
VINDIZ	R. G. Taylor 11922 Heather Woods Ct.
	Naples, FL 34120
	INADIES, FL 34120
AMBR	D. A. Taylor
	11922 Heather Woods Ct.
	Naples, FL 34120
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Use attachment if necess LE V: Effective date, if other	
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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)