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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 27 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TaylorMaid Services, L.L.C.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mechelle and Aaron Copeland
Name of Person

TaylorMaid Services, L.L.C.
Firm/Company

3927 Sunny Manor Circle
Address

Milton, FL 32583
City/State and Zip Code

taylormaidservice@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mechelle Copeland at (850) 313-8711
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Organization

Article I:

The name of the Limited Liability Company is:

TaylorMaid Services, L.L.C.

Article II:

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

3927 Sunny Manor Circle, Milton, FL 32583

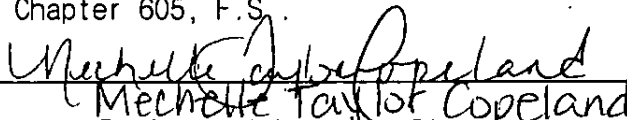
Article III:

Registered Agent, Registered Office, & Registered Agent's Signature:

Mechelle Taylor Copeland, Registered Agent

3927 Sunny Manor Circle, Milton, FL 32583

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 605, F.S.



Mechelle Taylor Copeland
Registered Agent's Signature

(CONTINUED)

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Article IV:

Name and address of person authorized to manage and control the Limited Liability Company:

Aaron Clifford Copeland, III, AMBR
3927 Sunny Manor Circle
Milton, FL 32583

Article V:

Effective Date- January 13, 2015

Article VI:

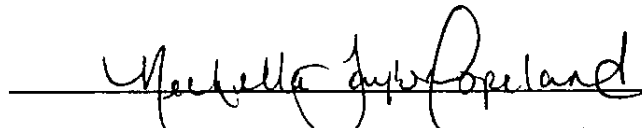
NO OTHER PROVISIONS

In accordance with section 605.0203 (1) (b), 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.)


Mechelle Taylor Copeland

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TALLAHASSEE, FLORIDA

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