## 44000173734

(Re	questor's Name)	
. (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

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TO: Registration Division of C	Section Corporations				
SUBJECT: Taylor (	Capital, LLC Name of Lin	nited Liability Company	<del></del> -		
	of Organization and fee(s) a	_			
	Kirkpatrick	Name of Person			
		Firm/Company		<del></del>	
729 Kitty	hawk Way	Address			
North Pa	lm Beach, FL 33408	City/State and Zip Code			
<u>btkirkpatrick@o</u>	mail com	d for future annual report notifica	tion)	ZALL NOV	<b>C</b>
	n concerning this matter, ple	ase call:		SSEL SSEL	Canada Ca Canada Canada Canada Canada Ca Canada Ca Ca Canada Ca Ca Canada Ca Ca Ca Ca Ca Ca Ca Ca Ca
<u>Brian Kirkpatrick</u> Nan	at ( at (	561 ) 644-4517 Area Code Daytime Tel	ephone Number	PM 4: 38 OF STATE E FLORID	
Enclosed is a check fo	r the following amount:			TO 🚥	
☑ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filir Certificate of Certified Cop (additional cop)	f Status & py	
	iling Address	Street/Courier Addi	r <u>ess</u>		

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Taylor Capital, LLC		
(Must end with the words "Lin	nited Liability Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Address:		
The mailing address and street address of the princip	oal office of the Limited Liability C	ompany is:
Principal Office Address:	Mailing Address:	
729 Kittyhawk Way	729 Kittyhawk Way	
North Palm Beach, FL 33408	North Palm Beach, FL 3	3408
	INVITE FAITH DEACH, I L.D.	<del>9400</del>
		· ·
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its	fice, & Registered Agent's Signate own Registered Agent. You must d	ure: esignate an individual or
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regist	fice, & Registered Agent's Signate own Registered Agent. You must deration.)	ure: esignate an individual or
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regist The name and the Florida street address of the regist Brian T. Kirkpatrick	fice, & Registered Agent's Signate own Registered Agent. You must deration.)	esignate an individual or
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regist The name and the Florida street address of the regist  Brian T. Kirkpatrick	fice, & Registered Agent's Signate own Registered Agent. You must deration.)	ure: esignate an individual or
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ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regist The name and the Florida street address of the regist  Brian T. Kirkpatrick  729 Kittyhawk Way	Fice, & Registered Agent's Signate own Registered Agent. You must described agent are:	are: esignate an individual or SSE

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 \$\int Chapter 605, F.S.

Resistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

AMBR" = Authorized Member MGR" = Manager MGR	
	Brian T. Kirkpatrick
	729 Kittyhawk Way
	North Palm Beach, FL 33408
Jse attachment if necessary)	
V: Effective date if other than the date of fil	ing: (OPTIONAL)
tive date is listed, the date must be specific filing.)  VI: Other provisions, if any.	ling: (OPTIONAL) and cannot be more than five business days prior to or 90 day
tive date is listed, the date must be specific filing.)  VI: Other provisions, if any.	and cannot be more than five business days prior to or 90 day
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tive date is listed, the date must be specific filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:	and cannot be more than five business days prior to or 90 day
tive date is listed, the date must be specific filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member	and cannot be more than five business days prior to or 90 day
tive date is listed, the date must be specific filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member (In accordance with section 60 2.02)	and cannot be more than five business days prior to or 90 day

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)