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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: TAYLOR MATED, LLC (Name of Limited Liability Company)
(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:
WILLIAM G. TAYLOR (Name of Person)
(Name of Person)
TAYLOR MATEO, LLC (Firm/Company)
221 SW 4th ST
(Address)
BOYNTON BEACH, FL 3343555 City/State and Zip Code) (City/State and Zip Code) For further information concerning this matter, please call:
(City/State and Zip Code)
SS 1
For further information concerning this matter, please call:
For further information concerning this matter, please call: WILLIAM TAYLOR at (561) 577 - 0069 N (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section

TO:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	FICL	EI	- Na	me:

The name of the Limited Liability Company is:

TAYLOR MATEO, LLC

ARTICLE II - Address:

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

Principal Office Address:

221 SW 4th ST

BOYNTON BEACH, FL

221 SW 4th ST BOYNTON BEACH, FL 33435

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

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

Name

Name

221 SW 4 ST

Florida street address (P.O. Box NOT acceptable)

BOYNTON BEACH FLORIDA 33435

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM MGRM GWILLERMO MATEO CASTANEDA BOYNTON BEACH. (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: Signature of a member of an authorized representative of a member.

WILLIAM G. TAYLOR
Typed or printed name of signee

that the facts stated herein are true.)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)