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| (Requestor's Name) | | | | |
|---|----------------------|----------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | ty/State/Zip/Phone i | ¥) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Name |) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates o | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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| | | <u>:</u> | | |
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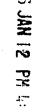
Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: A Team Automatic 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: |
| Stacye B. Taylor Name of Person |
| Firm/Company |
| 2155 Derringer Gr. E. Address |
| Jacksonville, FL. 32225 City/State and Zip Code |
| Jacksonville, FL. 32225 City/State and Zip Code Stacyetaylor @ yahoo. com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Stacye B. Taylor at (904) 402-7809 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certified Copy} \text{Certified Copy (additional copy is enclosed)} \$\text{S160.00 Filing Fee, Certified Copy} \text{(additional copy is enclosed)} |

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



| ARTICLE I - Name: The name of the Limited Liability Company is: | 16 JAN 12 PM 4: 16 |
|---|---|
| (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") | SECRETARY OF STATE TAILAHASSEE, FLORIDA |

ARTIC

| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: | | | | | | |
|---|---------------------|-------------|------------------------------|---------------------------|--|--|
| Principal C | Office Address: | | Mailing Ad | <u>ldress</u> : | | |
| 541 Vera D Jacksonville | FL. 37218 | | 2155 Derrina Jacksonville | ger Cir. E , FL. 32225 | | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: | | | | | | |
| Stacyc B. Taylor Name | | | | | | |
| 2155 Dervinger Cir. E. Joick Florida street address (P.O. Box NOT acceptable) | | | | | | |
| <u>ل</u> | acksonville City | FL State | 32225 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 605, F.S..

(CONTINUED)

Page 1 of 2

| ARTICLE IV- | TILEL | | | |
|---|---|--|--|--|
| | rized to manage and control the Limited Liability Company: | | | |
| Title: "AMBR" = Authorized Member "MGR" = Manager MGR" | 16 JAN 12 PH 4: 16 Name and Address: SECRETARY OF STATE TALLAHASSEE FLORIDA Stacyc B. Taylor ZISS Devringer Cir. E. Jacksonville, FL. 32225 | | | |
| | | | | |
| (Use attachment if necessary) | | | | |
| (If an effective date is listed, the date must be specifi the date of filing.) | filing: (OPTIONAL) ic and cannot be more than five business days prior to or 90 days after t the applicable statutory filing requirements, this date will not be listed a State's records. | | | |
| ARTICLE VI: Other provisions, if any. | | | | |
| Signature of a memb This document is executed if am aware that any false inf | er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S. | | | |
| _ stacy | yped 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)