

L16000030643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

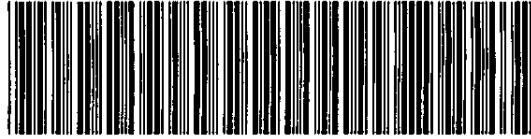
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800280745268

02/01/16--01022--003 \*\*130.00

FILED  
16 FEB -1 PM 4:50  
TALLAHASSEE, FLORIDA

02-15-16

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Taueret Laboratories, LLC  
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:

Kenneth Ward

Name of Person

Taueret Laboratories, LLC

Firm/Company

2749 E. Parleys Way, #100

Address

SLC, UT 84109

City/State and Zip Code

kellis@taueret.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristen Ellis at (801) 487-6000

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☒

\$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**

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:

Taueret Laboratories, 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 office of the Limited Liability Company is:

Principal Office Address:

2749 E. Parkways Way #100  
Salt Lake City, UT 84109

Mailing Address:

← Same

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:

Jeffrey M. Ward  
Name  
4413 NW 67<sup>th</sup> Avenue  
Florida street address (P.O. Box **NOT** acceptable)  
Coral Springs, FL 33067  
City State Zip

FILED  
16 FEB - 1 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.,

Jeffrey M. Ward

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

AMBR

AMBR

**Name and Address:**

Kenneth Ward  
2749 E. Parkys Way #100  
SLC, UT 84109

Lesa Nelson  
2749 E. Parkys Way #100  
SLC, UT 84109

Linda Gould  
2749 E. Parkys Way #100  
SLC, UT 84109

Jeffrey M. Ward  
4413 NW 67th Ave.  
Coral Springs, FL 33067

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

16 FEB - 1 PM L: 50  
DEPT OF STATE  
TALLAHASSEE, FLORIDA

**REQUIRED SIGNATURE:**

Jeff M. Ward

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Jeffrey M. Ward

Typed 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)