L17000 202978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
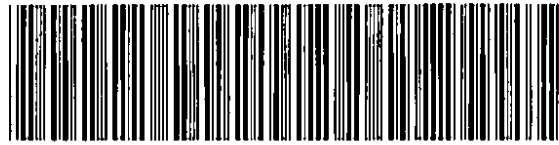
(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

M. moon

TO: New Filing Section
      Division of Corporations

SUBJECT: __Taylor Lane Construction 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:

__Taylor Lane Mahon__
                   Name of Person

__Taylor Lane Construction__
                   Firm/Company

__17 Sharman Circle__
                   Address

__Crawfordville, FL 32327__
                   City/State and Zip Code

__knightnexus13@yahoo.com__
         E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

__Taylor Mahon__ at (__850__) __445-3479__
      Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

[ ] $125.00 Filing Fee   [ ] $130.00 Filing Fee &   [ ] $155.00 Filing Fee &   [✓] $160.00 Filing Fee,
                             Certificate of Status   Certified Copy   Certificate of Status &
                                                           (additional copy is enclosed)   Certified Copy
                                                                                        (additional copy is enclosed)

Mailing Address   **Street Address**
New Filing Section   New Filing Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   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:

Taylor Lane Construction _L.L.C._

(Must contain 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:	Mailing Address:
17 Sharman Circle	
Crawfordville, FL 32327	

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:

Taylor Lane Mahon
Name

17 Sharman Circle
Florida street address (P.O. Box NOT acceptable)

Crawfordville   _FL_   _32327_
City   State   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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager

___MGR___

Name and Address:

Tiffany Elise Darnell
17 Sharman Circle
Crawfordville, FL 32327

(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.

_____

_____

_____

REQUIRED SIGNATURE:

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.S17.155, F.S.

Taylor Mahon
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)