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COVER LETTER

Division of Co			
SUBJECT: Ta	Mame of Limit	ng Enterprises Lited Liability Company	LLC
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
J	arfri Taylor		
		Name of Person	
Ta	ylor Truck	ing Enterprise	s LLC
	7	Firm/Company	
144	1 Stone road	1 apt (-22	
		Address	
Tal	Papascee, Fla	J2303 ty/State and Zip Code	
	JKi094show	ty/State and Zip Code	
	E-mail address: (to be used)	for future annual report notificat	ion)
For further information c	oncerning this matter, please		
Jacker	Taylor an (_	120) Excelle 6 ca Code Daytime Telephon	66-5329
Na	me of Person Ar	ea Code Daytime Telephon	e Number
Enclosed is a check for	the following amount:		
□\$125.00 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)
		Canada Addina	

Mailing Address

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

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Tay	lor Trucking Esta	terprises
(Must	contain the words "Limited Liability Con	pany, L.E.C., or LLC.)
ARTICLE II - Address:	eet address of the principal office of the L	mited Liability Company is:
ne maining address and site	set address of the principal office of the to	
	ncipal Office Address:	Mailing Address:
111.11 -1	2 0000 001 (and lake Your mad
144 St	me roun upo com	2/3 JOHN KINOK 1000
144 / Ste Tallaha	sec Pla 32313	ap apt E201
ARTICLE III - Registered The Limited Liability Com	l Agent, Registered Office, & Registered	gent. You must designate an individual or
ARTICLE III - Registered The Limited Liability Componential business entity with	Agent, Registered Office, & Registered pany cannot serve as its own Registered An an active Florida registration.) Treet address of the registered agent are: \[\sum_{arfn} \tag{Taylor} \] Name	Agent's Signature: gent. You must designate an individual or
ARTICLE III - Registered The Limited Liability Composite business entity with	Agent, Registered Office, & Registered pany cannot serve as its own Registered An an active Florida registration.) Treet address of the registered agent are: \[\sum_{arfn} \tag{Taylor} \] Name	Agent's Signature: gent. You must designate an individual or

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _____ (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 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 SIGNATIVEE: Signature of a member or an authorized representative of a member.

Jarfn' Taylor

Typed or printed name of signee

constitutes a third degree felony as provided for in s.817.155, F.S.

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

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)