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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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FOREIGN PROFIT/NONPROFIT CORPORATION

Taylor Machine Works, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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J. Shivers JUL 13 2010 7/12/2010

COVER LETTER

TO: New Filing Sec Division of Co.			
SHRIECT: TAYLOR	MACHINE WORKS, INC.		
		n - must include suffix	
Dear Sir or Madam:			·
"Certificate of Existence	tion by Foreign Corporation for e," or "Certificate of Good Star en corporation to transact busine	ading" and check are submit	
Please return all corresp	condence concerning this matte	r to the following:	
	Name of	`Person	20 7AL
TAYLOR MACHINE W			
	Fim/Cor	пралу	2010 JUL 12 SECKETAR ALL/HASS
	Add	ress	mo A
brittney_lake@taylorbigr	•	and Zip code	
		for future annual report noti	fication)
For further information	concerning this matter, please	call:	
Name of Perso	at (area	Code & Daytime Telephone	e Number
STREET/COUNTY ST	rporations B c Center Circle	MAILING ADI New Filing Secti Division of Corp P.O. Box 6327 Tallahussee, FL	on orations
Enclosed is a check for	the following amount:		
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavail	able in Florida, enter alternate corporate na	m¢	adopted for the purpose of transacting business in Florida
Mississippi		3.	64-0281745
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)
05/31/1946		5.	Perpetual
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual"
Upon filing			
	JRCH AVE., LOUISVILLE, MS 39339-2	017	
	(Principal office URCH AVE., LOUISVILLE, MS 39339-1	add 2017	ress)
650 NORTH CF	(Principal office URCH AVE., LOUISVILLE, MS 39339-2 (Current mailing d sells forklifts and other material handling	add 2017 add	ress) ress) Control DARCE Miproent
650 NORTH CF Manufactures ar (Purpose((Principal office URCH AVE., LOUISVILLE, MS 39339-2 (Current mailing d sells forklifts and other material handling	add 2017 add g eq	uipment Summer to be carried out in state of Florida)
650 NORTH CF Manufactures ar (Purpose((Principal office URCH AVE., LOUISVILLE, MS 39339- (Current mailing d sells forklifts and other material handling) of corporation authorized in home state of	add 2017 add g eq	uipment Summer to be carried out in state of Florida)
650 NORTH CE Manufactures at (Purpose) Name and street	(Principal office URCH AVE., LOUISVILLE, MS 39339- (Current malling d sells forklifts and other material handling) of corporation authorized in home state of address of Florida registered agent:	add 2017 add g eq	uipment D. Box NOT acceptable)
650 NORTH CE Manufactures of (Purpose) Name and streethers.	(Principal office URCH AVE., LOUISVILLE, MS 39339- (Current malling d sells forklifts and other material handling) of corporation authorized in home state of address of Florida registered agent: C T Corporation System	add 2017 add g eq	uipment Summer to be carried out in state of Florida)

Having been numed as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Chairman: Address: Vice Chairman: Address: Director: Address: __ Director: **B. OFFICERS** President: W. A. Taylor, III Address: 650 NORTH CHURCH AVE., LOUISVILLE, MS 39339-2017 Vice President: Address: _ Secretary: Richard Ballard Address: 650 NORTH CHURCH AVE., LOUISVILLE, MS 39339-2017 Treasurer: Pete Reynolds Address: 650 NORTH CHURCH AVE., LOUISVILLE, MS 39339-2017 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. Pete Reynolds ADIOIS TREASURER
(Typed or printed name and capacity of person signing application)

12. Names and business addresses of officers and/or directors:

State of Mississippi

Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

CERTIFICATE

I. C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on May 31, 1946, the State of Mississippi issued a Charter/Certificate of Authority to:

TAYLOR MACHINE WORKS, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

SSEE FLORIDA

Given under my hand and seal of office June 1, 2010

C. Billet Hosencem, de

C. Delbert Hosemann, Jr. Secretary of State



Cartification Number: 12205414-1 Page 1 of 1 Reference: DP Verify this certificate online at https://business.sus.state.ms.us/corp/soskb/verify.asp