

F140004229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W 14-55977

OCT 7 2014  
S. GILBERT



RECEIVED

14 OCT -6 AM 10:26

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 18, 2014

BUSTER MCADORY  
650 NORTH CHURCH AVENUE  
LOUISVILLE, MS 39339

SUBJECT: TAYLOR LEASING CORP.  
Ref. Number: W14000055977

We have received your document for TAYLOR LEASING CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section

Letter Number: 614A00019639

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Taylor Leasing Corporation

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

**Buster McAdory**

Name of Person

**Taylor Leasing Corporation**

Firm/Company

**650 North Church Avenue**

Address

**Louisville, MS 39339**

City/State and Zip code

**bmcadory@taylorbigred.com**

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

For further information concerning this matter, please call:

**Buster McAdory**

Name of Person

at ( **662** ) **779-5444**

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

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.

1. **Taylor Leasing Corporation**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

~~Taylor Leasing Corp.~~ <sup>Form 9/26/14</sup> Taylor Leasing Corporation-MS

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Mississippi**

(State or country under the law of which it is incorporated)

3. **640902484**

(FEI number, if applicable)

4. **September 18, 1998**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **N/A**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **650 North Church Avenue Louisville, MS 39339**

(Principal office address)

**650 North Church Avenue Louisville, MS 39339**

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 S. Pine Island Rd.

Plantation

(City)

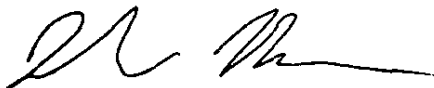
, Florida 33324

(Zip code)

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

9. **Registered agent's acceptance:**

*Having been named 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.*



Jordan Brown Assistant Secretary

(Registered agent's signature)

10. 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.

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: W. A. Taylor III

Address: 650 North Church Avenue

Louisville, MS 39339

Director: Robert D. Taylor

Address: 650 North Church Avenue

Louisville, MS 39339

**B. OFFICERS**

President: Robert D. Taylor

Address: 650 North Church Avenue

Louisville, MS 39339

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Richard Ballard

Address: 650 North Church Avenue Louisville, MS 39339

Treasurer: Milton L. (Pete) Reynolds

Address: 650 North Church Avenue Louisville, MS 39339

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Milton L. Reynolds

(Typed or printed name and capacity of person signing application)



DELBERT HOSEMANN  
*Secretary of State*

**Office of the Secretary of State**  
Jackson, Mississippi

## Certificate of Good Standing

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

That on the 18th day of September, 1998, the State of Mississippi issued a Charter/Certificate of Authority to

**TAYLOR LEASING CORPORATION.**

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.

That insofar as the records of this office are concerned, the said Taylor Leasing Corporation is in good standing at this time.

Given under my hand and seal of office  
the 2nd day of September, 2014

*C. Delbert Hosemann, Jr.*

C. DELBERT HOSEMANN, JR.  
*Secretary of State*

Certificate Number: CN14000296

Verify this certificate online at <http://corp.sos.ms.gov/corpconv/verifycertificate.aspx>