Floomana

(Requestor's Name)					
(Address)					
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(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL.			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					
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COVER LETTER

	tration Section					
	Taylor Design					
SUBJECT:		Name of cor	poration -	must include suffix		
Dear Sir or M	adam:					
"Certificate o	f Existence,"		ood Stand	uthorization to Transaing" and check are subsin Florida.		
Please return	all correspond	ence concerning thi	s matter t	o the following:		
Lori Taylor D'	Angelo					THE SECOND
		N	ame of Pe	erson	,	3
Taylor Design	Group, Inc.					
14 Kinley Ave	nue	Fi	rm/Comp	any		6 MAY 11 PH 2: 12
			Addres	s		
Santa Rosa Be	ach, Florida 32	159				1-3
	•	City	/State and	d Zip code		
ltaylor@design	nelementscorp.	•		·		
	···	E-mail address: (to b	e used fo	r future annual report i	notification)	
For further in	formation con	cerning this matter,	please ca	11:		
Lori Taylor D'	Angelo	22 at (28	2367300		
Nam	e of Person		rea Code	Daytime Telep	hone Number	_
Regis Divis Clifto 2661	EET/COURING tration Section of Corpor Building Executive Ce hassee, FL 32	ntions nter Circle		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7	
Enclosed is a	check for the	following amount:				
□ \$70.00 Fil	ing Fee	\$78.75 Filing Fee Certificate of Stat		\$78.75 Filing Fee & Certified Copy	S87.50 Fili Certificate Certified C	of Status &

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.

ι.	(Enter name of co	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")),"	"COMPANY," "CORPORATION,"
	TDG, Incorpora	ted		
	(If name unavaila	able in Florida, enter alternate corporate nam	e a	adopted for the purpose of transacting business in Florida)
2.	Mississippi	3	3.	26-4716933
۷.		y under the law of which it is incorporated)	٠.	(FEI number, if applicable)
	June 2nd, 2009	•	_	
4.	4(Date of incorporation)		5.	(Date of duration, if other than perpetual)
6.	January, 1 2016			3
		(SEE SECTIONS 607.1501 & 607.		n Florida, if prior to registration) 502, F.S., to determine penalty liability)
7.	14 Kinley Avenue	e, Santa Rosa Beach FL 32459		·
		(Princ	cip	pal office address)
		(Current mai	lin	ng address, if different)
8.	Name and stree	et address of Florida registered agent: (P	P.C	D. Box NOT acceptable)
	Name:	Lori Taylor D'Angelo		
Office Address:		14 Kinley Avenue		
		Santa Rosa Beach		32459 , Florida
		(City)		(Zip code)

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.

(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 Lori Taylor D'Angelo Chairman: 14 Kinley Avenue, Santa Rosa Beach FL 32459 Address: _ Vice Chairman: Address: __ Address: ___ Director: Address: ____ **B. OFFICERS** Lori Taylor D'Angelo President: 14 Kinley Avenue, Santa Rosa Beach FL 32459 Address: Vice President: Address: Secretary: ___ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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. Lori Taylor D'Angelo, President and Chairman



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 2nd day of June, 2009, the State of Mississippi issued a Charter/ Certificate of Authority to

TAYLOR DESIGN GROUP, INCORPORATED

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 Design Group, Incorporated is in good standing at this time.

Given under my hand and seal of office the 24th day of March, 2016

C. Delbert Hosemann, Jr. Secretary of State

Certificate Number: CN16021648

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