

**F1600004364**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H16000238671 3)))



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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES  
Account Number : I20160000008  
Phone : (850) 777-2091  
Fax Number : (770) 220-1943

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

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

2016 SEP 29 AM 11:20

16 SEP 29 AM 11:19

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Taylor Morrison Foundation**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

SEP 30 2016

Electronic Filing Menu

Corporate Filing Menu

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September 27, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

TRIAD PROFESSIONAL SERVICES

SUBJECT: TAYLOR MORRISON FOUNDATION  
REF: W16000066373

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return 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) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H16000238671  
Letter Number: 816A00020688

*[Handwritten signature]*

# COVER LETTER

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

**SUBJECT:** Taylor Morrison Foundation

Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Sharon K. Gray

Name of Person

Triad Professional Services

Firm/Company

1720 Windward Concourse

Suite 390

Address

Alpharetta, GA 30005

City/State and Zip Code

jbaden@triadpros.com

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

For further information concerning this matter, please call:

Sharon K. Gray

770

777-2091

at

Name of Person

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:*

1. Taylor Morrison Foundation Inc.  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

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

2. Arizona 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
 4. 09/19/2016 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 4900 N. Scottsdale Road, Ste. 2000, Scottsdale, AZ 85251  
(Principal office address)  
4900 N. Scottsdale Road, Ste. 2000, Scottsdale, AZ 85251  
(Current mailing address)

8. To provide financial support for charitable causes that build and galvanize community.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

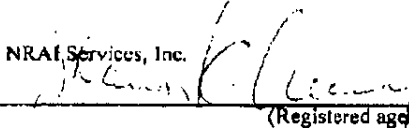
Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip Code)

10. **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.*

By: NRAI Services, Inc.  
  
(Registered agent's signature)

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.

16 SEP 29 AM 11:13  
 RECEIVED  
 FLORIDA DEPARTMENT OF STATE

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

SEE ATTACHED ADDITIONAL LISTING OF OFFICERS

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

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

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

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

Director: Sheryl D. Palmer Darrell C. Sherman (Director)

Address: 4900 N. Scottsdale Road, Ste. 2000 4900 N. Scottsdale Road, Ste. 2000

Scottsdale, AZ 85251 Scottsdale, AZ 85251

Director: C. David Cone Stephanie McCarty (Director)

Address: 4900 N. Scottsdale Road, Ste. 2000 4900 N. Scottsdale Road, Ste. 2000

Scottsdale, AZ 85251 Scottsdale, AZ 85251

**B. OFFICERS**

President: Sheryl D. Palmer (President/CEO)

Address: 4900 N. Scottsdale Road, Ste. 2000

Scottsdale, AZ 85251

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

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

13. Caroline G. Estrada  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Caroline G. Estrada, Assistant Secretary  
(Typed or printed name and capacity of person signing application)

15 SEP 29 AM 11:15  
CLERK OF COURT  
COUNTY OF MARICOPA  
ARIZONA

ATTACHMENT TO APPLICATION FOR AUTHORITY  
OF  
TAYLOR MORRISON FOUNDATION

12B. OFFICERS

<u>Name</u>	<u>Title</u>	<u>Address</u>
Stephanie McCarty	Vice President	4900 N. Scottsdale Road, Ste. 2000 Scottsdale, AZ 85251
C. David Cone	VP/Treasurer/CFO	4900 N. Scottsdale Road, Ste. 2000 Scottsdale, AZ 85251
Darrell C. Sherman	VP/Secretary	4900 N. Scottsdale Road, Ste. 2000 Scottsdale, AZ 85251
Caroline G. Estrada	Assistant Secretary	4900 N. Scottsdale Road, Ste. 2000 Scottsdale, AZ 85251

15 SEP 29 AM 11:19  
 TAYLOR MORRISON FOUNDATION

# STATE OF ARIZONA



## Office of the CORPORATION COMMISSION

### CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Jodi A. Jerich, Executive Director of the Arizona Corporation Commission, do hereby certify that

**\*\*\*TAYLOR MORRISON FOUNDATION\*\*\***

a domestic nonprofit corporation organized under the laws of the State of Arizona, did incorporate on September 19 2016.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Nonprofit Corporation Act; and that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-3122, 10-3123, 10-3125, & 10-11622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 26th day of September, 2016, A. D.



  
Jodi A. Jerich, Executive Director

By: 1512030