FACCOMOUSY9

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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800352877568

10/01/20--01021--012 **70.00



SCHOOL TOO

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|---|--|--|
| SUBJECT: Taylor Made Industries Name of corporation - must | include suffix | | |
| Dear Sir or Madam: | | | |
| The enclosed "Application by Foreign Corporation for Authori "Certificate of Existence," or "Certificate of Good Standing" a above referenced foreign corporation to transact business in Flo | nd check are submitted to register the | | |
| Please return all correspondence concerning this matter to the f | following: | | |
| Con Taylor | | | |
| Cony Taylor Name of Person | | | |
| Taylor Made Industries Inc | | | |
| Firm/Company | | | |
| 520 South Parkway East Address | | | |
| | | | |
| Memphs, TN 38106 City/State and Zip of | code | | |
| | | | |
| TMT INC 901 (Gymall). Com E-mail address: (to be used for future | e annual report notification) | | |
| For further information concerning this matter, please call: | | | |
| Control 1 | 11/2 / 126 | | |
| Name of Person at (901) Area Code | Daytime Telephone Number | | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | | |
| Registration Section Division of Corporations | Registration Section Division of Corporations | | |
| The Centre of Tallahassee | P.O. Box 6327 | | |
| 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | Tallahassee, FL 32314 | | |
| Enclosed is a check for the following amount: | ATE | | |
| Please make check payable to: FLORIDA DEPARTMENT OF STA \$70.00 Filing Fee \$\Bigsigmu\$ \$78.75 Filing Fee & \$\Bigsigmu\$ \$78.75 | 5 Filing Fee & \$87.50 Filing Fee, | | |
| , | Tied Copy Certificate of Status & Certified Copy | | |



October 8, 2020

CORY TAYLOR 520 S PKWY E MEMPHIS, TN 38106

SUBJECT: TAYLOR MADE INDUSTRIES INC.

Ref. Number: W20000115655

We have received your document for TAYLOR MADE INDUSTRIES INC. and your check(s) totaling \$70.00. 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," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 920A00019714

District Commentary DO DOV 0997 Well-bearing Florida 9991

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. (Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Tennessee 3. &33003379
(State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 01 03 2019
(Date of incorporation)

5. Perpetual
(Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Parkway East Memphrs, TN 38100 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Con Taylor
8100 Presidents Dr
Orlando Florida 32809
(City) (Zipcode) Office Address: 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

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

| A. DIRECTORS | ^ | | | | | |
|---|---------------------|-----------------------|-----------------|-------------|------------|--|
| '□Chairman | Name: (1014 | Taylor S. Parkuy E | □Chairman | Name: | | |
| □Vice Chairman | Address: <u>520</u> | S. Perkny E | □Vice Chairman | Address: | | |
| □Director | Meaphis | TN 38104 | □Director | | | |
| President | C. Jal | TN 38104 | □President | | | |
| , | | | □Vice President | | | |
| ☐ Secretary | | □Treasurer | □Secretary | | □Treasurer | |
| Other | | Other | □Other | | Other | |
| □Chairman | Name: | | □ Chairman | Name: | | |
| □Vice Chairman | Address: | | □Vice Chairman | | | |
| □Director | | | □Director | | | |
| □President | | | □President | | | |
| □Vice President | | | □Vice President | | | |
| □Secretary | | □Treasurer | □Secretary | į | ∃Treasurer | |
| □Other | | □Other | Other | | □Other | |
| ☐Chairman | Name: | | □Chairman | Name: | | |
| □Vice Chairman | | | □Vice Chairman | | | |
| □Director | | | □Director | | | |
| □President | | | □President | | | |
| □Vice President | | | □Vice President | | | |
| □Secretary | | □Treasurer | ☐ Secretary | | ∃Treasurer | |
| Other | | □Other | Other | | Other | |
| Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. | | | | | | |
| 12 | | J-My (| O.C. | | | |
| 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. | | | | | | |
| 13. On Taylor President (Typed or printed name and capacity of person signing application) | | | | | | |



Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

CORY TAYLOR

CORY TAYLOR

520 SOUTH PARKWAY EAST

MEMPHIS, TN 38106

Request Type: Certificate of Existence/Authorization

Request #:

0383773

Issuance Date: 09/28/2020

Copies Requested:

September 28, 2020

Document Receipt

Receipt #: 005811017

Filing Fee:

\$20.00 \$20.00

Payment-Credit Card - State Payment Center - CC #: 3789807941

Regarding:

Taylor Made Industries Inc.

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 01/03/2019

Status:

Active

Duration Term: Perpetual

Business County: SHELBY COUNTY

Formation Locale: TENNESSEE

Control #:

01/03/2019

1002745

Inactive Date:

Date Formed:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Taylor Made Industries Inc.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State:
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

Verification #: 041978436