

11/29/22, 2:35 PM

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Phone : (305)599-0839
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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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2022/11/29 PM 4:28

FLORIDA LIMITED LIABILITY CO.

Taylor Health, PLLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

11/29/2022

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Corporate Filing Menu

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ARTICLES OF ORIGINATIION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is: **Taylor Health, PLLC**

ARTICLE II PRINCIPAL AND MAILING OFFICE ADDRESS

The principal place of business/mailing address is: **1334 Tampa Road, Suite 222
Palm Harbor FL 34683**

ARTICLE III Registered Agent, Registered Office & Registered Agent's Signature:

The name and Florida Street address of the initial registered agent is: **Christin Taylor
1334 Tampa Road, Suite 222
Palm Harbor FL 34683**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..


Signature/Registered Agent**11/28/22**
Date
605.0203**ARTICLE IV Manager(s)**

The name, title and address of each person authorized to manage and control the Limited Liability Company:

**Christin Taylor - Manager
1334 Tampa Road, Suite 222
Palm Harbor FL 34683**

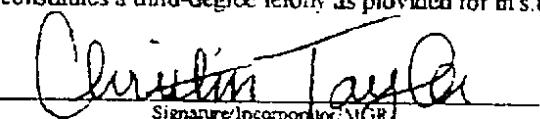
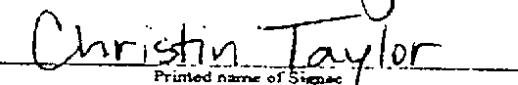
RE
CC
F**ARTICLE V EFFECTIVE DATE**

The effective date of this filing: **January 1, 2023**

ARTICLE VI BUSINESS PURPOSE

The business purpose of this business is: **Medical**

Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)


Signature/Incorporator: MGR**11/28/22**
Date
Printed name of Signer