# M13000004aa

(Requestor's Name)			
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PICK-UP . WAIT	MAIL.		
(Business Entity Nam	e)		
(Document Number)			
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SECRETARY OF STATE.

JAN 22 2013 J. BRYAN CR2E027 (9/10)

#### **COVER LETTER**

	ration Section on of Corporations						
SUBJECT:	aylorChandler, LL0						
Septement _	···	Name of L	mited Liability Co	mpany		_	
	Application by Foreign L check are submitted to re						
Please return al	l correspondence concern	ning this matter to t	he following:				
	Norman Chandle	r					
		]	Name of Person				
	TaylorChandler, l	LLC					
	Firm/Company						, -
	200 Interstate Pa	rk Drive Ste 22	27			L PAR	
			Address			553	5 F
	Montgomery, AL	36109				F.G.	TILEU
		City/	State and Zip Code	e			
	nchandler@taylor	chandler.com				司品	Ö
	E-ma	il address: (to be us	ed for future annua	al report noti	fication)		
For further info	ermation concerning this i	matter, please call:					
Norr	nan Chandler		334 at (	260-7	774		
	Name of Pers	son Ai	ea Code & Daytin	ne Telephone	Number	<del> </del>	
Divisi Regist P.O. F	on of Corporations eration Section Box 6327 lassee, FL 32314	Divis Regis Clifto 2661	EET ADDRESS: ion of Corporation stration Section on Building Executive Center ( hassee, FL 32301				
		ving amount: 130.00 Filing Fee & ertificate of Status	\$155.00 Fi		□ \$160.00 Fill of Status &	ing Fee, Certi Certified Cop	

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE ST.	ATE OF FLORIDA:
<sub>1.</sub> TaylorChandler, LLC	
(Name of Foreign Limited Liability Company; must include "I	imited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of consent of the managers or managing members adopting the alternate Company," "L.L.C," "LLC.")	
2. Alabama 3. 2	0-0070701
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. September 23, 2003 5. p	erpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
<sub>6.</sub> January 1, 2013	•
(Date first transacted business in Florida, (See sections 608.501 & 608.502 F.S. to d	if prior to registration.) etermine penalty liability)
7. 151 Mary Esther Blvd. Ste Yos A	if prior to registration.) etermine penalty liability)  TAKE  ARE
Mary Esther, FL 32569	ASSS T
(Street Address of Pr	rincipal Office)
8. If limited liability company is a manager-managed com	npany, check here
<ol> <li>The name and usual business addresses of the managin</li> <li>Norman Chandler, 200 Interstate Park Dr Ste 22</li> </ol>	
Britt Taylor, 200 Interstate Park Dr Ste 227, Mont	gomery, AL 36109
10. Attached is an original certificate of existence, no more than 90 days the jurisdiction under the law of which it is organized. (A photocopy is translation of the certificate under eath of the translator must be submitted.)	not acceptable. If the certificate is in a foreign language, a ed.)
11. Nature of business or purposes to be conducted or pro	omoted in Florida:
Accounting Firm	·
Signature of a member or an author	ized representative of a member.
(In accordance with section 608.408(3), F.S., the execution penalties of perjury that the facts stated herein are true. I a document to the Department of State constitutes at the constitutes of the penalties of	m aware that any false information submitted in a
Norman Chandler	

Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The nam	e of the Limited Liability Con	npany is:	
TaylorCha	ndler, LLC		
If unavailab	ele, the alternate to be used in	the state of Florida is:	•
2. The nam	e and the Florida street address	ss of the registered agent and office are	
	Norman Chandler		ARY O
		(Name)	To the second
	151 Mary Esther Blvd.		PH 1: 40  OF STATE E. FLORID
	Florida Street A	Address (P.O. Box NOT ACCEPTABLE)	—— <i>&gt;</i>
	Mary Esther	32569	•
		City/State/Zip	
liability com registered a statutes rela	npany at the place designated i gent and agree to act in this co ating to the proper and complet bligations of my position as re	nd to accept service of process for the a in this certificate, I hereby accept the ap apacity. I further agree to comply with te performance of my duties, and I am p agistered agent as provided for in Chap (gnature)	ppointment as the provisions of all familiar with and
	\$ 100.0	00 Filing Fee for Application	

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) Beth Chapman' Secretary of State

P. O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, Beth Chapman, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Taylorchandler, L.L.C. was formed in Montgomery County, Alabama on September 10, 2003. The Alabama Entity Identification number for this entity is 693-007. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20130102000007922

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

1/2/2013

Date

Beth Chapman

Beth Chapman

Secretary of State