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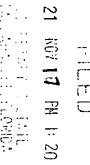
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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T. LEMIEUX NOV 17 2021

COVER LETTER

Registration Section

TO:

Name	of Limited Liability Company		
	company for Authorization to Transact Business in Florida." Certificate of referenced foreign limited liability company to transact business in Floridation.		
Please return all correspondence concerning this matter to	the following:		
Kevin Taylor			
	Name of Person		
Taylor Made Solution	ons LLC		
	Firm/Company		
8 The Green, STE A	4		
	Address		
Dover, DE 19901			
Cit	ty/State and Zip Code		
Kevin@taylormade:			
E-mail address: (to be	used for future annual report notification)		
For further information concerning this matter, please call	:		
Kevin Taylor	at (240) 435-7347		
Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPA \$125.00 Filing Fee Certificate of	& 🗆 \$155.00 Filing Fee & 🗀 \$160.00 Filing Fee. Certificate		



November 13, 2021

KEVIN TAYLOR 8 THE GREEN STE A DOVER, DE 19901

SUBJECT: TAYLOR MADE SOLUTIONS LLC

Ref. Number: W21000146553

We have received your document for TAYLOR MADE SOLUTIONS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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.

Letter Number: 521A00027587

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTEX THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Taylor Made Solutions LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC") Susiness in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") Dover, DE 19901 (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605.0905, F.S. to determine penalty liability) 6. 8 The Green, STE A 8 The Green, STE A (Street Address of Principal Office) Dover, DE 19901 Dover, DE 19901 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Kevin Taylor Name: 8197 Tauren Court Office Address: Naples, FL Registered agent's acceptance: 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 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.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

itle or Capacity:	Name and Address:	Title or Capacit	<u>y:</u>	Name and Address:
Manager	Name: Kevin Taylor	□Manager	Name:	
Member	8197 Tauren Court Address: Naples, FL 34119	□Member	Address:	
Authorized		□Authorized		
Person		Person		
Other	□Other	□Other		□Other
lManager	Name:	□Manager	Name:	
Member	Address:	□Member	Address:	
Authorized		□Authorized		
Person		Person		
]Other	□Other	Other		□Other
Manager	Name:	□Manager	Name:	
Member	Address;	□Member	Address:	
Authorized		□Authorized		
Person		Person		
Other	Other	□Other		□Other

- of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, 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.

Kevin J Taylor

Typed or printed name of signec

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TAYLOR MADE SOLUTIONS LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SIXTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TAYLOR MADE SOLUTIONS LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

at corn telaware sox/auth

Authentication: 204345978

Date: 10-06-21

7920625 8300 SR# 20213440776

You may verify this certificate online at corp.delaware.gov/authver.shtml