

P0800009 97589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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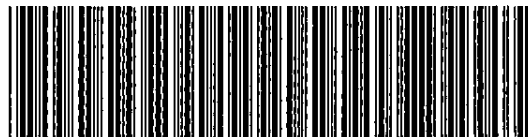
(Business Entity Name)

(Document Number)

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## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Taylor, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Taylor, Inc.  
Name (Printed or typed)

P.O. Box 12  
Address

Felda, FL 33930  
City, State & Zip

239-280-6239  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 18, 2008

TAYLOR, INC  
P.O. BOX 12  
FELDA, FL 33930

SUBJECT: TAYLOR, INC  
Ref. Number: W08000043427

We have received your document for TAYLOR, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the corrected original and one copy of 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) 245-6052.

Paisley A Alford  
Clerk  
New Filing Section

Letter Number: 708A00050667

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

Taylor Trax, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

Street: 515 Morris Taylor Rd Mailing: P.O. Box 12  
Felda, FL 33930 Felda, FL 33930

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: agricultural  
land leveling and farming

## ARTICLE IV SHARES

The number of shares of stock is:

JoAnn Taylor 51  
Tim Taylor 49

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JoAnn Taylor: President  
P.O. Box 12  
Felda, FL 33930

Tim Taylor: Vice President  
P.O. Box 12  
Felda, FL 33930

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

JoAnn L. Taylor  
515 Morris Taylor Rd.  
Felda, FL 33930

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JoAnn L. Taylor  
P.O. Box 12  
Felda, FL 33930

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

JoAnn Taylor  
Signature/Registered Agent

8/28/08  
Date

JoAnn L. Taylor  
Signature/Incorporator

8/28/08  
Date

JoAnn L. Taylor