

P11000077970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

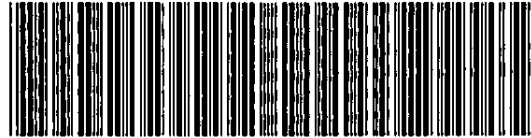
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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WH 42051

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08/10/11--01016--014 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 SEP -1 PM 2:20

APPROVED  
AND  
FILED

## COVER LETTER

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

SUBJECT: Taylor & Sons 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 & Sons Inc.

Name (Printed or typed)

1821 New Buckeye Road

Address

East Dublin, GA 31027

City, State & Zip

478-272-4558

Daytime Telephone number

Vickie.Taylor@taylorand sons.org

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 24, 2011

VICKIE TAYLOR  
1821 NEW BUCKEYE ROAD  
EAST DUBLIN, GA 31027

SUBJECT: TAYLOR & SONS INC.  
Ref. Number: W11000042051

We have received your document for TAYLOR & SONS 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):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**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) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 011A00018876

APPROVED  
AND  
FILED

ARTICLES OF INCORPORATION

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

PM SEP -1 PM 2:28

**ARTICLE I NAME**

The name of the corporation shall be:

Taylor + Sons Utilities INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1821 New Buckeye Road

East Dublin, GA 31027

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Michael Dee Taylor, President

Address: 1821 New Buckeye Road

East Dublin, GA 31027

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Vickie Taylor, Secretary-Treasurer

Address: 1821 New Buckeye Road

East Dublin, GA 31027

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Ted Graham

Address: 11663 NE 72nd Blvd

The Villages, FL 32162

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael Dee Taylor

Address: 1821 New Buckeye Road

East Dublin, GA 31027

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



Required Signature/Registered Agent

8-9-2011  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

8-9-2011  
Date