

6/30/2021

**P21000061140**Division of Corporations  
Florida Department of StateDivision of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA00000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

## FLORIDA PROFIT/NON PROFIT CORPORATION

Taylor Holdco, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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Corporate Filing Menu

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**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 Holdeo, Inc.

**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2820 Clark Rd.Sarasota, Florida 34231**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: the transaction of any or all lawful business for which a  
for-profit corporation may be formed under the Florida Statutes

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Dr. Ryan Taylor, DirectorName and Title: Dr. Ryan Taylor, PresidentAddress: 2820 Clark RdAddress: 2820 Clark Rd.Sarasota, Florida 34231Sarasota, Florida 34231

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

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

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

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

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

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

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

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

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

**ARTICLE VI REGISTERED AGENT**

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

Name: C T Corporation System  
 Address: 1200 South Pine Island Road  
Plantation, Florida 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lisa Murphy  
 Address: 112 E Pecan Street, Suite 1800  
San Antonio, Texas 78205

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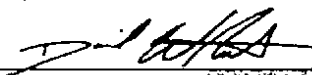
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing, \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

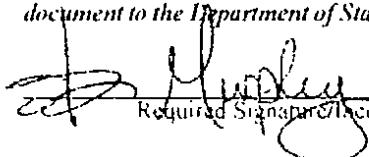
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

By:  C T Corporation System  
David Westcott, Assistant Secretary  
Required Signature/Registered Agent

06/29/2021  
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

06/29/2021  
Date