

P24000041842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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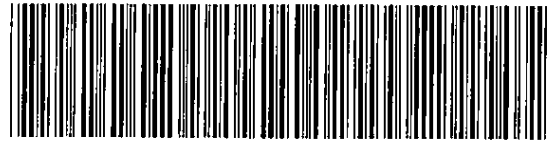
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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2024 JUN 20 PM 9:47
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SECRETARY OF STATE
TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Taylor machine works, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Sidney E T Jackson
Name (Printed or typed)

451 Drexel ridge cir
Address

060ee, fl 34761
City, State & Zip

407-308-9872
Daytime Telephone number

Taylor machine works inc@gmail.com
E-mail address: (to be used for future annual report notification)

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

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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 machine works, Inc

ARTICLE II PRINCIPAL OFFICE

451 Drexel Ridge Cir
Principal ~~street~~ address.

Mailing address, if different is:

OCee, FL 34761

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: all business

ARTICLE IV SHARES

The number of shares of stock is: 1100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sidney E T Jackson "P"

Name and Title: _____

Address 451 Drexel Ridge cir

Address: _____

OCee, FL 34761

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF STATE
TALLAHASSEE, FL

FILED

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: Sidney E T Jackson
Address: 451 Drexel Ridge Cir
Orlando, FL 32836

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Sidney E T Jackson
Address: 451 Drexel Ridge Cir
Orlando, FL 32836

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.)

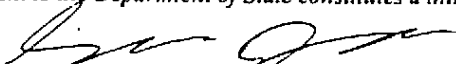
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

6/20/24
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.



6/20/24

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DEPARTMENT OF STATE
FILING ASSISTANT

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