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(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to emailed 11/3/22 REC	EIVED 7 2012

Office Use Only



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S. FRANKLIN NOV - 3 2022

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	ECT: TByrd, Inc					
		Name of corpora	tion - mu	st include suffix		
Dear S	Sir or Madam:					
"Certif	nclosed "Application by For- ficate of Existence," or "Cer referenced foreign corporati	tificate of Good S	Standing'	and check are sub		
Please	return all correspondence c	oncerning this ma	itter to th	e following:		
Timoth	ny T Byrd					
		Name	of Perso	n		
TByrd,	, Inc					~
		Firm/C	Company			17.
2601 S	. McKenzie Street, Suite 118					
	7.1°	A	ddress			ω
Foley,	AL 36535					-0 -0
		City/Sta	te and Zi	p code		<u></u>
byrdma	an03@hotmail.com					ب. ن ن
	E-mail	address: (to be us	ed for ful	ture annual report n	otification)	
For fur	ther information concerning	g this matter, plea	se call:			
Tim By	yrd .	910 at () 72	23-1891 Daytime Teleph		
	Name of Person	Агеа (Code	Daytime Teleph	ione Number	
	STREET/COURIER AD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroc Street, St Tallahassee, FL 32303			MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fi	ection orporations	
Please i	-		□ \$78	STATE .75 Filing Fee & tified Copy	□ \$87.50 Fil Certificat Certified	e of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

TRyrd inc

y under the law of which it is incorporated)	47-4712799 (FEI number, if applie		
y under the law of which it is incorporated)	(EEL number it applie	· · · · · · · · · · · · · · · · · · ·	
	,	able)	
5.			
of incorporation) 022	(Date of duration, if other than perpetual)		
		· · · · · ·	
e Street, Suite 118, Foley, AL 36535			
(Principal of	fice <u>street</u> address)		
(Current maili	ng address, if different)	F-2	
		1797	
	O. Box <u>NOT</u> acceptable)	· .	
Audrey Byrd	·	ယ်	
1783 94th Drive, Suite D105		P.I	
Vero Beach		ا ر. در، دی	
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1501	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) e Street, Suite 118, Foley, AL 36535 (Principal office street address) (Current mailing address, if different) t address of Florida registered agent: (P.O. Box NOT acceptable) Audrey Byrd 1783 94th Drive, Suite D105	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS				
Chairman	Name:	□Chairman	Name:	
■Vice Chairman	2601 S. McKenzie Street Address:	□Vice Chairman	Address:	
Director	Suite 118	□Director		
■ President	Foley, AL 36535	□ President		
■Vice President		□Vice President		
Secretary	Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		□Other
□ Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman		
□Director		□ Director		
□President		□ President		
□Vice President		□Vice President		
☐ Secretary	□ Treasurer	□Secretary		Treasurer:
□Other	Other	□Other		Other
				دی
□Chairman	Name:	□Chairman	Name:	-0 -2-
□Vice Chairman	Address:	□Vice Chairman	Address:	بـ ـــ
□Director		Director		ىن
				
□President		□President		
□President □Vice President				
	☐ Treasurer	□ President		□Treasurer
□Vice President	□Treasurer	□ President □ Vice President		□Treasurer
□Vice President □Secretary □Other Important Notice:	☐ Treasurer ☐ Other Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department.	☐ President ☐ Vice President ☐ Secretary ☐ Other	d for reporting pu	□Other
□Vice President □Secretary □Other Important Notice:	☐Treasurer ☐Other Use an attachment to report more than six (6). The attachment	□ President □ Vice President □ Secretary □ Other chment will be image	d for reporting purport form.	□Other

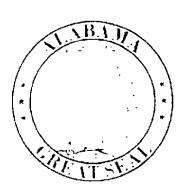
Timothy T Byrd

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that TByrd, Inc. was formed in Montgomery County, Alabama on July 31, 2015. The Alabama Entity Identification number for this entity is 000-341456. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20221102000023962

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

11/02/2022

Date

X 74. Merill

John H. Merrill

Secretary of State