

**P030000 24734**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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

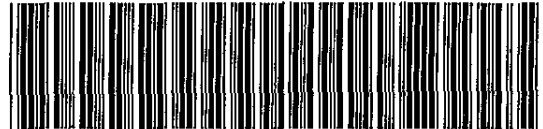
Special Instructions to Filing Officer:

*call 2/7/03  
Fax #*

*003 3026*

Office Use Only

*[Signature]*  
*3/3*



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02/03/03--01052--002 \*\*70.00

**FILED**  
03 FEB 28 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: BYRD UTILITY SALES LLC  
(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: MIRIAM R. BYRD  
Name (Printed or typed)

P.O. Box 1821  
Address

MT. DORA, FL, 32756  
City, State & Zip

352-735-2398  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Ken Detzner  
Secretary of State

February 7, 2003

MIRIAM R. BYRD  
P.O. BOX 1821  
MT. DORA, FL 32756

SUBJECT: BYRD UTILITY SALES LLC  
Ref. Number: W03000003726

We have received your document for BYRD UTILITY SALES LLC. However, the document has not been filed and is being returned for the following:

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

LLC IS NOT A SUFFIX FOR CORPORATION, ONLY LIMITED LIABILITY COMPANIES. PLEASE DELETE THIS AS PART OF THE CORPORATE NAME.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the 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) 245-6934.

Loria Poole  
Corporate Specialist  
New Filings Section

Letter Number: 503A00008565

2/24/03

MIRIAM RIVERA BYRD  
P.O. BOX 1821  
MT.DORA,FL,32756

MEMO TO: LORIA POOLE/CORPORATE SPECIALIST

FROM: MIRIAM R. BYRD

RE: INCORRECT CORPORATE NAME

MS POOLE, MY PHONE NUMBER IS 352-735-6816,I HAVE  
CORRECTED THE ARTICLES OF INCORPORATION DOCUMENT  
AND RETURNING TO YOU PER YOUR INSTRUCTIONS.IF YOU  
HAVE ANY ADDITIONAL QUESTIONS PLEASE GIVE ME A CALL.

THANK YOU

MIRIAM BYRD

**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:

**BYRD UTILITY SALES INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

**P.O. BOX 1821  
MT. DORA, FL, 32756**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**MANUFACTURER'S  
REPRESENTATIVE**

**ARTICLE IV SHARES**

The number of shares of stock is:

**100**

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

**MIRIAM R. BYRD  
1714 NORMANDY DRIVE  
MT. DORA, FL, 32757**

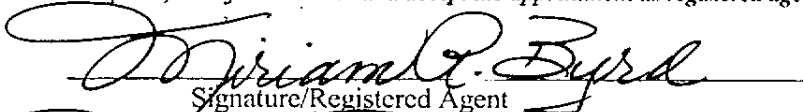
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

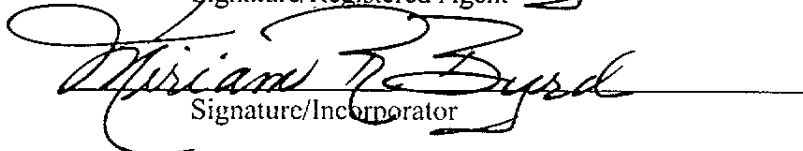
**MIRIAM R. BYRD  
P.O. BOX 1821  
MT. DORA, FL, 32756**

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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

  
Signature/Registered Agent

**2/24/03**  
Date

  
Signature/Incorporator

**2/24/03**  
Date

**FILED**  
03 FEB 28 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA