

P03000024734

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

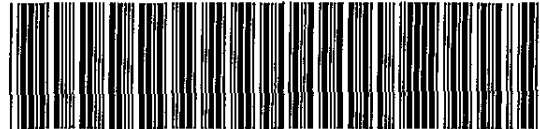
Special Instructions to Filing Officer:

call 2/7/03
Fax #

~~0033926~~

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

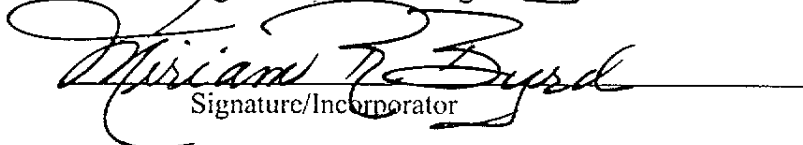
The name and address of the Incorporator is:

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

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