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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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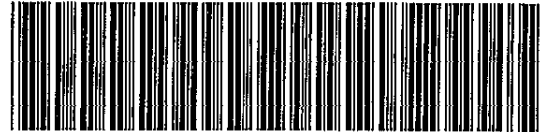
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 JUN -2 AM 9:43

F. CHESSEB JUN 6 2003

## TRANSMITTAL LETTER

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

SUBJECT: THOMAS L. BYRON, INC.  
(Proposed corporate name - must include suffix)

Enclosed is 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

FROM THOMAS L. BYRON  
Name (Printed or Typed )

1964 SUN VALLEY STREET  
Address

TITUSVILLE, FLORIDA 32780  
City, State & Zip

321 - 385-0725  
Daytime Telephone number

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

# ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation:*

## ARTICLE I NAME

*The name of the corporation shall be:*

THOMAS L. BYRON, INC.

## ARTICLE II PRINCIPAL OFFICE

*The principal place of business and mailing address of this corporation shall be:*

### BUSINESS ADDRESS

13421 U.S. HIGHWAY 1 #6E  
SEBASTIAN, FLORIDA 32958

### MAILING ADDRESS:

1964 SUN VALLEY STREET  
TITUSVILLE, FLORIDA 32780

## ARTICLE III SHARES

*The number of shares of stock that this corporation is authorized to have outstanding at one time is:*

25,000 SHARES (COMMON VOTING)

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

*The name and address of the registered agent is:*

THOMAS L. BYRON  
1964 SUN VALLEY STREET  
TITUSVILLE, FLORIDA 32780

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SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
03 JUN -2 AM 9:13

Filing Fee: \$ 70.00


**ARTICLE V  
INCORPORATOR(S)**

***See instructions for officers/directors***

***The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):***

**THOMAS L. BYRON  
1964 SUN VALLEY STREET  
TITUSVILLE, FLORIDA 32780**

***The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 29 day of MAY, 2003.***

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

***NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.***

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: THOMAS L. BYRON, INC.  
(must include suffix)

2. The name and address of the registered agent and office is:

THOMAS L. BYRON

(Name)

1964 SUN VALLEY STREET

(P.O. Box or Mail Drop Box NOT Acceptable)

TITUSVILLE, FLORIDA 32780

(City/State/Zip)

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*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Thomas L. Byron

(Signature)

5-29-03

(Date)