

P03000152450

David Byrd

(Requestor's Name)

54 Mother Natures PL

(Address)

(Address)

Crawfordville FL 32327

(City/State/Zip/Phone #)

☐

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David Byrd Floor covering

(Business Entity Name)

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/s

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: DAVID BYRD FLOOR COVERING, INC.

ARTICLE II PRINCIPAL OFFICE

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

54 MOTHER NATURE PLACE

CRAWFORDVILLE, FL. 32327

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ARTICLE III SHARES

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

200 SHARES PAR VALUE OF \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: DAVID BYRD, 54 MOTHER NATURE PLACE, CRAWFORDVILLE, FL. 32327

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):

DAVID BYRD
54 MOTHER NATURE PLACE
CRAWFORDVILLE, FL. 32327

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this
17 day of December, 2003.

(An additional article must be added if an effective date is requested.)

David Byrd
Signature

Signature

Signature

ARTICLE VI

David Byrd shall be president.

Notarization is not required

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: DAVID BYRD FLOOR COVERING, INC.

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

(Name)

DAVID BYRD

(P.O.Box or Mail Drop Box **NOT** acceptable)

54 MOTHER NATURE PLACE

(City/State/zip)

CRAWFORDVILLE, FL. 32327

*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.*

David Byrd
(Signature)

12-17-03
(date)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

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