P0800045878

(Requestor's Name)
(Address)
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(Document Number)
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COVER LETTER

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

SUBJECT: Florida	Irrigation Specialists, Inc.	TE NAME MUST INCL	HAR CUPELVY	
	(PROPOSED CORPORA	TE NAME – <u>MUSTINCE</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	a check for	
Shoreson are an orig		neo or meorporation and	u chock for.	
\$70.00	\$78.75	□ \$78.75	☑ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
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		ADDITIONAL CO	Status	
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		• 10 10 11		
ÉDOM∙ Pa	ul I Rechtold			
FROM: Paul J. Bechtold Name (Printed or typed)				
	3455 High Ridge Road			
		Address		
	Boynton Beach, Florida 33426			
	City,	State & Zip		
	561-994-3772			
Daytime Telephone number				

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 30, 2008

BECHTOLD

PAUL J. BEACHTOLD 3455 HIGH RIDGE ROAD BOYNTON BEACH, FL 33426

SUBJECT: FLORIDA IRRIGATION SPECIALISTS, INC.

Ref. Number: W08000021739

We have received your document for FLORIDA IRRIGATION SPECIALISTS, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is <u>not acceptable</u>.

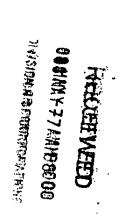
The document number of the name conflict is L97971 - FLORIDA IRRIGATION SPECIALISTS, INC..

Please return the corrected 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 Regulatory Specialist II New Filing Section

Letter Number: 508A00026982



FLORIDA IRRIGATION SPECIALISTS, INC.

9180 Nickels Blvd. • Boynton Beach, FL 33436 • Telephone (561) 994-3772 • Fax (561) 369-2892

May 6, 2008

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: New Filing

Last week, I changed my corporate name from Florida Irrigation Specialists, Inc. to Michael L. Tyson, Inc.. I want to release the Florida Irrigation Specialists, Inc. name so that it may be acquired by Mr. Paul Bechtold for a new company.

If you have any questions regarding this change, please feel free to call me at 561-722-7911.

Thank you,

Michael Tysøn

President

Michael L. Tyson, Inc. (formerly Florida Irrigation Specialists, Inc.)

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:

Florida Irrigation Specialists, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 3455 High Ridge Road, Boynton Beach, FL 33426

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Installation and maintenance of irrigation systems

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Paul J. Bechtold - President David McDonald - Registered Agent

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

AMIN MCISonalis 2400 San Pietro Circle Palm Beach Gardens, FL 33410

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Paul J. Bechtold 3767 S. Fallow Trail New Palestine, IN 46163

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I gar-familiar with and posept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

Date

Date

JEGRETARY OF STATE TALLAHASSEE, FLORIDA