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Certified Copies	_ Certificates	s of Status
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.Special Instructions to	Filing Officer:	
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2011 JAN 26 PM 4: 12

1/38/11

COVER LETTER

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

SUBJECT: BYERS ENTERPRISES	S INC.	
(PROPOSED CORPORAT	TE NAME – MUST INCLUDE SUFFIX)	
Enclosed are an original and one (1) copy of the artic	eles of incorporation and a check for:	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED	
FROM: ANDREW BYERS Name	(Printed or typed)	
4419 MORGAN LANE		
A	ddress	SEAN(C
DAVIE, FL 33328	State & Zip	SECRETARY NVISION-OF CO
954-559-2401 Daytime Te	elephone number	ORPORATION: PM 4: 12
DREW200K@GMAIL.CC E-mail address: (to be used	on for future annual report notification)	- ₹

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I N	IAME BYERS ENTERPRISES I	NC.	SEGRETARY OF STATE DIVISION OF CORPORATION
•			2011 1411 25 24 1 1 2
44	PRINCIPAL OFFICE Principal street address 19 MORGAN LANE VIE, FL 33328		2011 JAN 26 PM 4: 12 ailing address, if different is:
ARTICLE III P	URPOSE		
The purpose for whi ANY LAWFUL	ch the corporation is organized is: BUSINESS		
ARTICLE IV S The number of shares			
ARTICLE V I	NITIAL OFFICERS AND/OR DIRECTORS	:	,
	:ANDREW BYERS P.VP,S,T	Name and Title:_	
Address:	4419 MORGAN LANE	Address: _	
	DAVIE, FL 33328	_	
N. 1077-1			
Name and Title Address:	2;	Name and Ittle:_	
Address.		Address.	
		_	
Name and Titl	e:	Name and Title:	
Address:		Address:	
		-	
		_	
	EGISTERED AGENT		
The name and Flori Name:	da street address (P.O. Box NOT acceptable) of the ANDREW BYERS	he registered agent	18;
Address:	4419 MORGAN LANE		
rtuuress.	DAVIE, EL 33328		
ARTICLE VII I	NCORPORATOR	•	
	ess of the Incorporator is:		
Name:	ANDREW BYERS	•	
Address:	4419 MORGAN LANE		
	DAVIE, FL 33328.		
	as registered agent to accept service of process familiar with and accept the appointment as regis		
H	ol M Bi		1-21-2011
}	Required Signature/Registered Agent		Date
I cultinit this docum	ent and affirm that the facts stated herein are t	VII.0 1 /1111 /1111/1111 4	hat the false information submitted in a
	ent and affirm that the facts stated neven are to vartment of State constitu <u>te</u> s a third degree felony		
/\	O A P		
	X, M, DC		1-21-204
	The state of the s		Data