

P13000036382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600247017026

600247017026
04/22/13--01023--004 **70.00

FILED
13 APR 22 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 23 2013
M. SOLOMON

COVER LETTER

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 APR 22 AM 10:06

FILED

SUBJECT: BYRON'S RENOVATIONS CORP
(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: Byron Diaz
Name (Printed or typed)

3312 w. Grace st.
Address

Tampa, fl. 33607
City, State & Zip

813-235-5013
Daytime Telephone number

byrondiaz2@msn.com
E-mail address: (to be used 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 NAME

The name of the corporation shall be: **BYRON'S RENOVATIONS CORP**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3312 w. Grace st.

Tampa, Fl. 33607

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Byron R. Diaz (owner)**

Name and Title: _____

Address **3312 w. Grace st.**

Address: _____

Tampa, Fl. 33607

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(cont.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Byron R. Diaz
Address: 3312 w. Grace st.
Tampa, Fl. 33607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Byron R Diaz
Address: 3312 w. Grace st.
Tampa, fl.

FILED
13 APR 22 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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


Byron Diaz Required Signature/Registered Agent

04-16-13

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Byron Diaz Required Signature/Incorporator

04-16-13

Date