

P14000001553

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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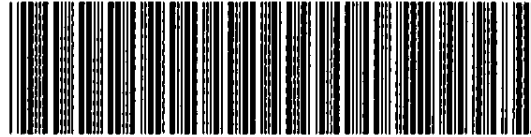
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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1/8/14

## COVER LETTER

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

SUBJECT: LONNIE BYRD LAWN SERVICE, INCORPORATED  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: LONNIE BYRD  
Name (Printed or typed)

1476 NW 19 ST  
Address

FORT LAUDERDALE, FL. 33311  
City, State & Zip

954 822 7957  
Daytime Telephone number

TRAVISLBYRD1915@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

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

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

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**ARTICLE I NAME**

The name of the corporation shall be: LONNIE BYRD LAWN SERVICE, INCORPORATED

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1476 NW 19 ST  
FORT LAUDERDALE, FL  
33311

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: LANDSCAPING, LAWN  
MAINTENANCE AND RELATED ACTIVITIES

**ARTICLE IV SHARES**

The number of shares of stock is: 100 AT \$5 EACH

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: LONNIE BYRD P/S/D Name and Title: TRAVIS BYRD VP/T

Address: 1476 NW 19 ST Address: 1476 NW 19 ST.  
FORT LAUDERDALE, FL FORT LAUDERDALE, FL  
33311 33311

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: LONNIE BYRD  
Address: 1476 NW 19 ST.  
FORT LAUDERDALE, FL 33311

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LONNIE BYRD  
Address: 1476 NW 19 ST  
FORT LAUDERDALE, FL 33311

*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*

x Lonnie Byrd 1/2/14  
Required Signature/Registered Agent 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.*

x Lonnie Byrd 1/2/14  
Required Signature/Incorporator Date

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