

P160000063961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

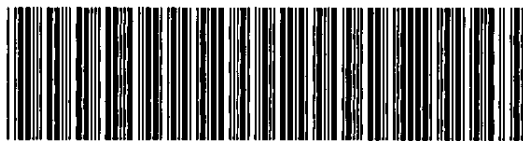
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1/11

## COVER LETTER

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

**SUBJECT:** Christopher John Byers, P.A.

(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:** Laurie M. Lee, Esq.

\_\_\_\_\_  
Name (Printed or typed)

4446-1A Hendricks Avenue, Suite 353

\_\_\_\_\_  
Address

Jacksonville, FL 32207

\_\_\_\_\_  
City, State & Zip

(904) 860-3111

\_\_\_\_\_  
Daytime Telephone number

christopher.byers71@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

**CHRISTOPHER JOHN BYERS  
2054 RIVERSIDE AVENUE #3099  
JACKSONVILLE, FL 32204**

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16 JUL 27 PM 4: 57

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

13:34

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

Re: Christopher John Byers, LLC

Ladies and Gentlemen:

\* Enclosed for filing are Articles of Incorporation for Christopher John Byers, P.A. Please note that the undersigned is the Authorized Member of Christopher John Byers, LLC, a Florida Limited Liability Company formed on April 30, 2015, with Florida Document Number L15000082149 (the "LLC"). It is the intent of the undersigned to allow the LLC to be administratively dissolved by the Secretary of State of the State of Florida, and therefore the undersigned gives permission for the name Christopher John Byers, P.A. to be used on the enclosed Articles of Incorporation.

Thank you, and please contact me at [christopher.byers71@gmail.com](mailto:christopher.byers71@gmail.com) or (417) 592-9030 should you have any questions.

Sincerely,

  
Christopher John Byers

**ARTICLES OF INCORPORATION**

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

**FILED**

16 JUL 27 PM 4: 57

**ARTICLE I NAME**

The name of the corporation shall be: Christopher John Byers, P.A.

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2054 Riverside Avenue, #3099

Jacksonville, FL 32204

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: This corporation is organized pursuant to Chapter 621 Florida Statutes

for the purpose of providing professional services relating to the sale of real estate and conducting any and all lawful business related thereto.

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

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

Name and Title: Christopher John Byers, Director

Name and Title: Christopher John Byers, President

Address: 2054 Riverside Avenue, #3099

Address: 2054 Riverside Avenue, #3099

Jacksonville, FL 32204

Jacksonville, FL 32204

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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TALLAHASSEE FLORIDA

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: Christopher John Byers  
Address: 2054 Riverside Avenue, #3099  
Jacksonville, FL 32204

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Christopher John Byers  
Address: 2054 Riverside Avenue, #3099  
Jacksonville, FL 32204


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

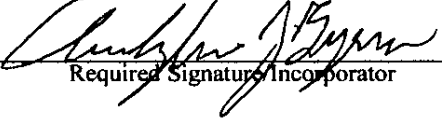
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

 Required Signature/Registered Agent  
7/20/16 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.*

 Required Signature/Incorporator  
7/20/16 Date