

P170000009348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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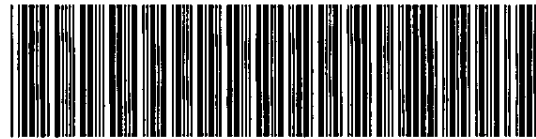
(Business Entity Name)

(Document Number)

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FILED  
17 JAN 27 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1/30/17

## COVER LETTER

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

SUBJECT: Berr Co Sales, Inc.  
(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: Norman Berringer  
Name (Printed or Typed)

9230 120th St N.  
Address

Seminole, FL 33772  
City, State & Zip

727-692-2779  
Daytime Telephone number

taraberringer76@gmail.com  
E-mail address: (to be used for future annual report notification)

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

January 23, 2017

RE: Berr Co Sales, Inc.

Document # P15000043640

I would like for this name and document number to be released. I have no intention of reinstating the name Berr Co Sales, Inc. with the document # P15000043630. I would like it to be released and to re-file Berr Co Sales, Inc, with the enclosed Articles of Incorporation.

Sincerely,

  
(Norman Berringer)

**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: Berr Co Sales, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

9230 120th St. N

9230 120th St. N

Seminole, FL. 33772

Seminole, FL. 33772

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Company for Sales of HVAC products

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Norman Berringer III, President

Name and Title: \_\_\_\_\_

Address 9230 120th St N

Address: \_\_\_\_\_

Seminole, FL. 33772

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

17 JAN 27 AM 11:42  
SECRETARY OF STATE  
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: Norman Berringer  
Address: 9230 120th St. N  
Seminole, Fl. 33772

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TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

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


Name: Norman Berringer  
Address: 9230 120th St N  
Seminole, FL. 33772

**ARTICLE VIII EFFECTIVE DATE:**

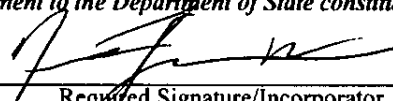
Effective date, if other than the date of filing: February 1, 2017 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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  
Date 1/23/17

*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  
Date 1/23/17