

P05000133014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

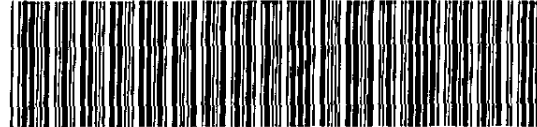
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/28/05--01011--004 ** 20.75

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05 SEP 28 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/29/05
Buk

COVER LETTER

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

SUBJECT: Blue Ox Tree Service 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: LAURA HOOK
Name (Printed or typed)

192 NW Legacy CT
Address

Lake City FL 32055
City, State & Zip

(386) 365-2200
Daytime Telephone number

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:

Blue Ox Tree Service, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

192 NW Legacy CT
LAKE CITY FL 32055

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Tree & Limb Removal

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Rex Raulerson President
TRAVIS Raulerson V-Pres.
Laura Hook Sec-Tres.

ARTICLE VI REGISTERED AGENT

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

Rex Raulerson
192 NW Legacy CT
LAKE CITY FL 32055

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Laura Hook
276 SW Pine Forest CT
LAKE CITY FL 32024

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

Signature/Registered Agent

Signature/Incorporator

FILED
05 SEP 28 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-22-05

Date

9/22/05

Date