

P06000055882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

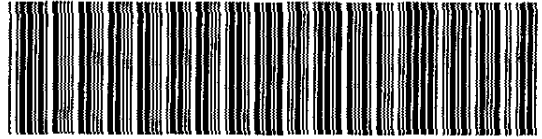
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500070742765

04/19/06--01012--009 **78.75

FILED
2006 APR 19 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: MANCUSO TREE SURGEONS, 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: Richard L. Mamele

Name (Printed or typed)

230 North Park Avenue

Address

Sanford, FL 32771

City, State & Zip

(407) 322-4051

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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

MANCUSO TREE SURGEONS, INC.

2006 APR 19 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

5275 Rose Avenue, Orlando, FL 32810

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The general nature of the business to be transacted by this Corporation is to engage in any and all business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

7,500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kevin Morro, 608 Antilla Avenue, Altamonte Springs, FL 32714
Tom Mancuso, 5275 Rose Avenue, Orlando, FL 32810

ARTICLE VI REGISTERED AGENT

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


Richard L. Mamele, 230 North Park Avenue, Sanford, FL 32771


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kevin Morro, 608 Antilla Avenue, Altamonte Springs, FL 32714

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 **RICHARD L. MAMELE**


Signature/Incorporator **KEVIN MORRO**

4-13-06
Date
4-13-06
Date