

PI3000064933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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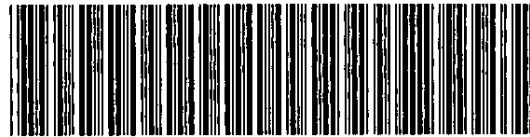
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P

COVER LETTER

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

SUBJECT: DAVID CATES TREE SERVICE INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: DAVID CATES TREE SERVICE INC
Name (Printed or typed)

P O BOX 1234
Address

UMATILLA, FL 32784
City, State & Zip

(352) 308-7093
Daytime Telephone number

shanaway6262@aol.com ✓
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2013

DAVID CATES TREE SERVICE INC
P.O. BOX 1234
UMATILLA, FL 32784

SUBJECT: DAVID CATES TREE SERVICE INC.
Ref. Number: W13000040817

We have received your document for DAVID CATES TREE SERVICE INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Diane Cushing
Regulatory Specialist II Supervisor

Letter Number: 413A00017625

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
UMATILLA, FLORIDA

DAVID CATES TREE SERVICE INC

ATX1

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: DAVID CATES TREE SERVICE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

169 N CENTRAL AVE

P O BOX 1234

UMATILLA, FL 32784

UMATILLA, FL 32784

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR PROFIT: A LEGAL ENTITY

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID CAT ES PRESIDENT

Name and Title: _____

Address: P O BOX 1234

Address: _____

UMATILLA, FL 32784

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

DAVID CATES TREE SERVICE INC

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: DAVID CATES

Address: 169 N CENTRAL AVE P O BOX 1234

UMATILLA, FL 32784

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAVID CATES

Address: 169 N CENTRAL AVE P O BOX 1234

UMATILLA, FL 32784

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 of Registered Agent

7/9/2013

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

7/9/2013

Date