## FOI OCOCOCO 72 TRANSMITTAL LETTER

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TO: Registration Section Division of Corporations
SUBJECT: WOLF TREE EXPERTS INC.  (Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.  Please return all correspondence concerning this metter to the following:  -11/30/0101057004
Please return all correspondence concerning this matter to the following:  -11/3U/U101057004  *****78.75 *****78.75
JOHN WOLF (Name of Person)
(Name of Person)
WOLF TREE EXPERTS INC.
(Firm/Company)
3310 GREENWAY DRIVE (Address)
(Address)
KNOXVILLE TN 37918
(City/State and Zip code)
For further information concerning this matter, please call:
LINDA 61B50N at (865) 687-3400 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS:  Registration Section  Division of Corporations  409 E. Gaines St.  Tallahassee, FL 32399  Enclosed is a check for the following amount:  PARTITION OF CREATING ADDRESS:  Registration Section  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  FLORET ADDRESS:  AHE CRETT ADDRESS:  AHE CRETT ADDRESS:  AHE CRETT ADDRESS:  Tallahassee, FL 32314  Enclosed is a check for the following amount:
□ \$70.00 Filing Fee

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

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WOLF TREE EXPERTS INC.	
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)	
2. TENNESSEE 3. 62-0676838  (State or country under the law of which it is incorporated) (FEI number, if applicable)	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 8/27/1962  5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")	
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6 (1PON QUALIFICATION	
6. OPON OUNIFICATION (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	-
7. 3310 GREENWAY DRIVE KNOXVILLE, TN 37918 (Principal office address)	
P.O. Box 5416 KNOXVILLE TN 37928-0416 (Current mailing address)	
(Current mailing address)	,
8. Utility RIGHT OF WAY Clearing — TREE TRIMMING (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: Jim Mc Innis	<u>.</u> .
Name: Jim Mc Funis  Office Address: 2669 CHEROKEE CT.	
Office Address: AGG   CHEROKEE CV.  WEST PAIM BEACH , Florida 33 406 (City) (Zip code)	I
10. Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated corporation at the plant designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.  (Registered agent's signature)	be I
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11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

## 12. Names and business addresses of officers and/or directors:

A. DIKEC	
Chairman: _	Tom WOLF
Address:	512 CHEROKEE BIND KNOXVILLE TN 37919
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Vice Chairn	nan: John Wolf
Address:	2109 WOODMERE LN KNOXVILLE, TN 37920
Director: _	MR. GENE FRANCER
Address:	6503 WEST MINISTER RD KNOXVILLE, TN 37919
Director: _	MR. BILL SAN SOM
Address:	2153 DUNCAN RD KNOXVILLE TN 37919
B. OFFIC	
	Tom WOLF ER & T
Address: _	512 CHEROKEE BIVD KNOXVIIIE TNOS ZSIG
	ent: PAUL WOLF
Address: _	2848 GIBBS DR KNOXVILLE TIETT 37918
_	
Secretary: _	LINDA GIBSON
Address: _	403 PEARL ROAD SEYMOUR TN 37865
Treasurer:	LIN DA GIBSON
Address: _	403 PEARL RD SEYMOUR, TN 37865
NOTE: II	Enecessary, you may attach an addendum to the application listing additional officers and/or directors.
	(Signature of Chairman, Vice Chairman, or any officer lister in number 12 of the application)
14	TOHN P. WOLF VICE PRESIDENT (Typed or printed name and capacity of person signing application)

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 11/07/2001 REQUEST NUMBER: 01311102 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 08/27/1962 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0034821 JURISDICTION: TENNESSEE

TO: WOLF TREE EXPERTS, INC. AT: JOHN WOLF PO BOX 5416 KNOXVILLE, TN 37928-0416 REQUESTED BY: WOLF TREE EXPERTS, INC. AT: JOHN WOLF PO BOX 5416 KNOXVILLE, TN 37928-0416

## CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT
"WOLF TREE EXPERTS, INCORPORATED"

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID; THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

O1 NOV 30 PN IO: INSECRETARY OF STATE TALLAHASSEE, FLORID

FOR: REQUEST FOR CERTIFICATE

FROM: WOLF TREE EXPERTS, INC.

KNOXVILLE, TN 37928-0000

PO BOX 5482

ON DATE: 11/07/01

RECEIVED:

\$20.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$20.00

RECEIPT NUMBER: 00002957498 ACCOUNT NUMBER: 00071218

AGRICULTURE 1

RILEY C. DARNELL SECRETARY OF STATE

SS-4458