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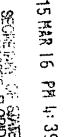
(Re	equestor's Name)			
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COVER LETTER

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

_{subject:} Leon	Trees, Inc.		
	(PROPOSED CORPORATE	NAME – <u>MUST INCLUE</u>	<u>)ESUFFIX)</u>
Enclosed is an original a	and one (1) copy of the Artic	les 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
	Siatus	ADDITIONAL CO	
FROM:	Tabitha Frazie		_
	415 Vinnedge		_
	Tallahassee, F		_
		enhone number	-
	Daytime Leic	ennone number	

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

fraziertabitha@gmail.com

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE II PRINCIPAL OFFICE			
Principal <u>street</u> address: 415 Vinnedge Ridge, Tallahassee, FL	Mailing address, if different is:		
A. To encourage and promote the pla B. To promote the education of any Historical Tree and its associated story or legend that C. To encourage the preservation of those trees that provid D. To sponsor workshops and educational forums, both in person and online, to allow for education at E. To promote the education and knowledge of proper tree trimming and pruning techniques to criticals, govern	ee attached Articles of Incorporation Inting of native trees species in the coast at makes it an integral party of the tapestry and history of Leon County, the City of Tallahassee, the aesthetic and historical value to Leon County and the City of and discussion among local citizens with regard to Leon County's and the City of Tallahassee's existing free invent agencies, landscape businesses, and other related education and civer lable efforst related to healthy tree presentations and that all citizens are guided by the belief in the "Right Tree Right Pla	Tallahassee.	
		of Directors	
ARTICLE V INITIAL OFFICERS AND/OR DI Name and Title: Tabitha Frazier 415 Vinnedge Ride		15 11%	
Tallahassee, FL 32303		7 16 PH	
Address		R 16 PH 4: 39	

Name and Title:_		Name and Title:			
Address		Address:			
Name and Title: Address	1	Name and Title:Address:			
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT accept	able) of the registered agent is:			
Name:	Tabitha Frazier		%	귱	
Address:	415 Vinnedge Ride		是於	TK The	
	Tallahassee, FL 32303		7	9	
ARTICLE VII The name and ad Name:	INCORPORATOR dress of the Incorporator is: Tabitha Frazier		L H CABO	PM 4: 39	T F
Address:	415 Vinnedge Ride				
Address.	Tallahassee, FL 32303	3			
Having been nam certificate, I am fo	ned as registered agent to accept service o nmiliar with and accept the appointment as	f process for the above stated corporesistered agent and agree to act in	pration at the place des this capacity	ignated	in this
	Required Signature of Registered A	Agent	3/4/5 Date	2018	
to the Department	ment and affirm that the facts stated herein to State constitutes a third degree felony as Required Signature of Incomp	s provided for in s.817.155, F.S.	information submitted	in a doc	cument

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