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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (800) 345-4647
Fax Number : (800) 432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
TALLER TREES FOUNDATION INC.**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

2017 SEP 21 PM 3:15
SECRETARY OF STATE
TALLER TREES FOUNDATION

*****PLEASE GIVE THE ORIGINAL SUBMISSION DATE AS
THE FILE DATE 9/20/17*****



September 21, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC

SUBJECT: TALLER TREES FOUNDATION INC.
REF: W17000075669

****PLEASE GIVE THE ORIGINAL SUBMISSION
DATE AS THE FILE DATE 9/20/17*****

We have received your document for TALLER TREES FOUNDATION INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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.

Carlos E Rico
Regulatory Specialist II

FAX Aud. #: H17000247802
Letter Number: 517A00019171

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TALLER TREES FOUNDATION
TALLER TREES FOUNDATION

COVER LETTER

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

SUBJECT: Taller Trees Foundation 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: Scott Alan Kufus

Name (Printed or typed)

256 Hunters Point Trail

Address

Longwood Florida, 32779

City, State & Zip

626-554-4422

Daytime Telephone number

scottkufus@gmail.com

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

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

2017 SEP 21 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

ARTICLE I NAME

The name of the corporation shall be: Taller Trees Foundation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

Mailing address, if different is:

256 Hunters Point Trail

Longwood Florida, 32779

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Taller Trees Foundation is being formulated to raise tens of millions of dollars to plant 1 billion trees in Americas National Parks. The organization works with Better Planet Paper Co Op and other environmentally aligned organizations raising funds that are dispersed quarterly amongst a group of well established tree planting organizations.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

By two-thirds majority vote of the directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Scott A. Kufus - Executive Director Name and Title: _____

Address: 256 Hunters Point Trail Address: _____

Longwood, Florida 32779

Name and Title: Lacey Adams - Director Name and Title: _____

Address: 1017 Meadow Glade Drive Address: _____

Winter Garden, Florida 34787

Name and Title: Stephen Cherniske - Director Name and Title: _____

Address: 5103 Carole Drive NE Address: _____

Olympia, Washington 98516

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: Scott Kufus

Address: 256 Hunters Point Trail

Longwood, Florida 32779

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Scott Alan Kufus

Address: 256 Hunters Point Trail

Longwood, Florida 32779

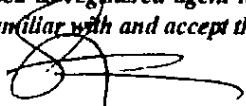
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL.)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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



Scott Alan Kufus

Required Signature of Registered Agent

09/14/2017

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

09/14/2017

Date