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TRANSMITTAL LETTER

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT:	TOM'S TREE	TRIMMING,	INC.		_
		(Proposed	cornorate name	e - must include suffix)	

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00

578.75

Filing Fee

Filing Fee

& Certificate of Status

□\$78.75

Filing Fee

\$87.50 Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Thomas M. Fazio, Jr.
Name (Printed or typed)

2945 Bahia Vista Street Address

Sarasota, FL

City, State & Zip

(941)330-2562

Daytime Telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Tom's Tree_Trimming, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2945 Bahia Vista Street Sarasota, FL 34237

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

50,000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Thomas M. Fazio Jr. 2945 Bahia Vista Street Sarasota, FL 34237

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Thomas M. Fazio, Jr. 2945 Bahia Vista Street Sarasota, FL 34237

Signature/Incorporator

3-19-01

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

2-19-0

Date