

TRANSMITTAL LETTER

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

600004011206--6
-04/16/01--01082--019
*****78.75 *****78.75

SUBJECT: ALLCARE 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Jasper D. Dempsey
Name (Printed or typed)

4005 W. Wyoming Ave.
Address

Tampa, Florida 33616
City, State & Zip

(813) 839-6828
Daytime Telephone number

FILED
01 APR 27 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

No Copy

G. BULLOCK MAY - 1 2001

6001-8828 (3)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 18, 2001

JASPER D DEMPSEY
4005 W WYOMING AVE
TAMPA, FL 33616

SUBJECT: ALLCARE INC.
Ref. Number: W01000008828

We have received your document for ALLCARE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must state the number of shares of authorized stock.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the original and one copy of 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) 487-6926.

Gina Bullock
Document Specialist
New Filing Section

Letter Number: 901A00022991

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:

All Care Tree Service inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4005 W. Wyoming Ave. Tampa, Fl. 33616

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Lawn maintenance + Professional Tree Service

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Jasper D. Dempsey

4005 W. Wyoming Ave. Tampa, Fl. 33616

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jasper Dempsey

6419 Adelia Ave. 33616

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

Signature/Registered Agent

Date

3-29-2001

Signature/Incorporator

Date

4-23-2001